

Date Correction Plan Due 9/30/2025	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	TO FILE A COMPLAINT CALL
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

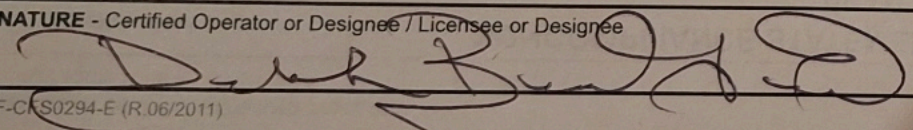
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Deborah A Burnside-Turner		3000562523 / 001	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2937 N Sherman Blvd Milwaukee WI 53210		414-447-6235	9/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	202.08(12)(g) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age. Description: Child #3 was missing an intake for child under 2 form on file.	Ask Mother to fill out the under 2 year of age form	9-19-25

Name - Certified Operator / Licensed Center Deborah A Burnside-Turner		Provider Number / Facility ID Number 3000562523 / 001	
Address - Facility (Street, City, State, Zip Code) 2937 N Sherman Blvd Milwaukee WI 53210		Telephone Number 414-447-6235	Date - Regulation Visit 9/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: Child #2 was missing an updated health report on file.	Ask Mom to get a health report from Child dr	10/24/25

NAME - Agency Worker
Lou Thao

Date Issued
9/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/2/25