DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 5/4/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL

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)(l) 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) 2937 N Sherman Blvd Milwaukee WI 53210	**Telephone Number** 414-447-6235	**Date - Regulation Visit** 4/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	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 update health report on file during the on-site visit.	Talked to Mother ASked her to Schedule her a dr. appointment	May 2026 or ASP	

DCF-F-CFS0294-E (R.06/2011)

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator's written emergency plan was missing the following: Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.	Rewriting my emergency Exit Plan and add Everything in the high lighted area to the left. And Place it on the refrigerator	ASP 5-8-24	
3 202.08(4m)(b) **An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies.** Description: The operator did not have an written plan to prevent and respond to food and other allergy-related emergencies during the on-site visit.	I have one in each Child file. But I will make a plan and place it on the refrigerator	ASP 5-8-24	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Lou Thao

Date Issued
4/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Deborah Burnside-Turner

Date Signed 4-23-26