

Date Correction Plan Due 10/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Lisy Family Day Care		Provider Number / Facility ID Number 2000589432 / 001		
Address - Facility (Street, City, State, Zip Code) 3012 W Oriole Dr Milwaukee WI 532094242		Telephone Number 414-379-4189	Date - Regulation Visit 9/17/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: The Enrollment and Health History forms were incomplete for children #1 and #2.</p>	<p>Children #1, #2: they are brother and sister and the mother has already given me the names of an aunt and another person, as well as the doctor's name.</p>	<p>9/22/2025 3:30 PM.</p>	

RECEIVED
STATE OF WISCONSIN

SEP 30 2025

SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

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2	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Two uncovered outlets were accessible in the area where care is provided. Nightshades were accessible in the outdoor play space.</p>	<p>the electrical sockets are already covered and have their protective caps on, as I used them for some decorations the previous night</p>	<p>Immediately</p>	
3	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: Child #5 did not have an updated health report on file.</p>	<p>I informed you that child #5 had a doctor appt scheduled around the time of this birth day. And his mother brought me the document on the afternoon of Sept 19. I have it now and it is filed in his folder.</p>	<p>Sept 19, 2025</p>	

NAME - Agency Worker
Deborah Kersting

Date Issued
9/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Assessé Santiago

Date Signed

9/23/2025