Date Correction Plan Due 8/6/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

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.

RECEIVED
STATE OF WISCONSIN
JUL 29 2025
SOUTHEASTERN REGIONAL OFFICE
DCF DECE BECR

Name - Certified Operator / Licensed Center		**Provider Number / Facility ID Number**	
Susie's Home Childcare		2000587712 / 001 - 2002099	
Address - Facility (Street, City, State, Zip Code) 1709 Howlett Ln Waukesha WI 53186		**Telephone Number** 262-283-2785	**Date - Regulation Visit** 7/17/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Documentation of a current physical exam was not observed for child 3. Repeat violation: Previously cited on 7/31/2024	I gave the parent another "Child Health Report" to have her pediatrician sign & return to me by end of August.	Aug 30, 2026	
2	250.06(2)(m) **Premises - Condition & Repair** Description: There was urine in the toilet that had not been flushed in the bathroom during the monitoring visit.	I will accompany the one potty trained child that I have to toilet to make sure she flushes after every use	immediately	

NAME - Agency Worker
Tiisha Harrell, Crescenta Sabree

Date Issued
7/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Susan Lamka

Date Signed
07-23-2026