

Date Correction Plan Due
11/10/2025

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)(i) 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 licensee 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 / Licenssed Center
Lily's 1st Step Childcare
Provider Number / Facility ID Number
60000588996 / 001 - 2002969

Address - Facility (Street, City, State, Zip Code)
4577 N 77Th St Milwaukee WI 532185305
Telephone Number
414-249-3892
Date - Regulation Visit
10/24/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(5)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact</p> <p>Description: Documentation of an emergency contact was not observed for a child.</p>	<p>Have parent complete emergency contact enrollment info</p>	<p>10/25/25</p>	
<p>2 250.04(5)(a)1.f Child Record - Enrollment Information - Medical Contact</p> <p>Description: Documentation of complete contact information for a medical facility/ physician was not observed for a child.</p>	<p>Have parent complete medical form</p>	<p>10/25/25</p>	

Name - Certified Operator / Licensd Center

Provider Number / Facility ID Number

LIY's 1st Step Childcare

6000688996 / 001 - 2002969

Address - Facility (Street, City, State, Zip Code)
4577 N 77Th St Milwaukee WI 532186306

Telephone Number
414-249-3892

Date - Regulation Visit
10/24/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 260.06(7)(b)3. Window Screens</p> <p>Description: Screen for rear door/ window was in disrepair</p>	<p>To fix window screen</p>	<p>10/25/25</p>	

NAME - Agency Worker

Colleen Hanser, Rhonda Brueggemann

Date Issued

10/27/2025

Date Signed