EPARTMENT OF CHILDREN AND FAMILIES
ivision of Early Care and Education

STATE OF WISCONSIN

ate Correction Plan Due '21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 262-446-7800

e 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. is 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) d (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 ly submit plans of correction however are not required to do so.

ıtructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. mplete 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 te(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 ncompliance 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 nalty 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 tice of the sanction and / or penalty and your appeal rights.

ame - Certified Operator / Licensed Center Sister ister And Brother Family Daycare		**Provider Number / Facility ID Number** 8000592938 / 001 - 2008020
ddress - Facility (Street, City, State, Zip Code) 307 N Bourbon St Milwaukee WI 532245151 6607	**Telephone Number** 414-737-6005	**Date - Regulation Visit** 5/5/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	250.08(3) **Required Information For Each Trip** Description: On 3/30/26, a list of children being transported and completed permission and emergency information forms were not in the vehicle while children in care were being transported.	All forms will stay in folder and kept in Van during transporting	5-1-2026	
	250.08(6)(a) **Child Safety Restraint System** Description: The licensee confirmed on 3/30/26, two children (ages 6 and 7) were not restrained in a child safety restraint system (a booster seat) that is appropriate to the childs age and size.	Booster chair are set up now in Van and will stay in place while transporting,	5-1-2024	

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

AME - Agency Worker
stin Lange, Sara Cooney

Date Issued
5/7/2026

GNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed