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| <b>Date Correction Plan Due</b><br>9/10/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>262-446-7800 |
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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.

| <b>Name - Certified Operator / Licensed Center</b>        |  | <b>Provider Number / Facility ID Number</b>   |                                 |                          |
|---|--|---|---------------------------------|--------------------------|
| Children Matters Llc                                      |  | 6000592226 / 001 - 2007422  |                                 |                          |
| <b>Address - Facility (Street, City, State, Zip Code)</b> |  | <b>Telephone Number</b>   | <b>Date - Regulation Visit</b>  |                          |
| 3622 W Silver Spring Dr Milwaukee WI 532094038            |  | 414-488-5695  | 8/28/2025                       |                          |
|   | <b>Rule/Statute Number<br/>Noncompliance Statement</b>   | <b>Correction Plan</b>  | <b>Expected Completion Date</b> | <b>Verification Date</b> |
| 1   | 251.04(6)(a)1.<br><b>Child Record - Enrollment Information</b><br><br>Description: Child 5 & 6 did not have a first day of attendance listed on enrollment form.<br><br>Child 1 & 2 did not have home address listed on enrollment form<br><br>Child 3 did not have an emergency contact listed on enrollment form | and I receive<br>I contact <del>the</del> <sup>EMERGENCY</sup> parent<br><br>An ask FOR<br>Permission TO<br>add First day Attendance<br>address | 09/04/2025                      |                          |
| 2   | 251.04(6)(b)<br><b>Current, Accurate Daily Attendance Record</b><br><br>Description: Children were not accurately documented on daily attendance record  | I spoke with<br>staff <del>about</del> <sup>T.B</sup> the important<br><sup>all</sup> about<br>of children Be documented correct way            | 09/02/2025                      |                          |

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|  | Rule/Statute Number<br>Noncompliance Statement  | Correction Plan   | Expected<br>Completion Date          | Verification<br>Date |
| 3  | 251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br><br>Description: Staff A,B & C did not have a complete health report in file for review | They all have set appointment                               | 09/20/2025                           |                      |
| 4  | 251.05(3)(b)<br><b>Abusive Head Trauma Prevention Training</b><br><br>Description: Staff A & B did not have complete AHT Documentation in file for review | The staff members is working on that                        | 09/17/2025                           |                      |
| 5  | 251.05(3)(c)<br><b>Cardiopulmonary Resuscitation Training</b><br><br>Description: Staff B did not have CPR documentation in file for review               | She doing the online class                                  | 09/16/2025                           |                      |
| 6  | 251.06(10)(dm)1.<br><b>Washrooms - Sanitary Conditions</b><br><br>Description: Bathroom toilets were not sanitary during monitoring visit                 | we clean them we also will check toilet all thought the day | 08/29/2025                           |                      |

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|---|---|---|---|
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| <b>Address - Facility (Street, City, State, Zip Code)</b><br>3622 W Silver Spring Dr Milwaukee WI 532094038 |   | <b>Telephone Number</b><br>414-488-5695                                   | <b>Date - Regulation Visit</b><br>8/28/2025 |
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| 7   | 251.06(9)(c)2.<br><b>Milk &amp; Milk Products</b><br><br>Description: Milk was observed expired in refrigerator                 | We are gone to monitor all milk date every other day                      | 08/29/2025                                  |
| 8   | 251.06(9)(d)2.a.<br><b>Food Storage - Dry Food</b><br><br>Description: Cereal was observed in regular packaging and not labeled | We put the dry food in label containers                                   | 08/29/2025                                  |

**NAME - Agency Worker**  
Tiarra Trammell

**Date Issued**  
9/3/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Jayette Baines*

09/12/2025