Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/26/2025		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.

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Corderitos Family Daycare	3000593093 / 001 - 2008157

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2639 S 12Th St Milwaukee WI 532153334	414-334-3330	12/10/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.h **Child Record - Enrollment Information - Date Of Attendance** Description: First day of attendance date was not listed on the enrollment form for child 2	The child's enrollment form was reviewed and updated to include the correct first day of attendance.	12-10-2025	
2	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 2 did not have a health report in file for review	The parent was notified and provided with a health report form. The completed health report will be obtained and placed in the child's file.	12-26-2025	

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3	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 3 & 4 did not have immunization records or any documentation in file for review	Parents were contacted and asked to provide current immunization records or appropriate documentation.	12-26-2025	
4	250.05(2)(g) **Staff File - Orientation** Description: Staff A did not have a orientation complete in file for review	Staff orientation was completed and documented using an orientation checklist placed in the staff file. The provider will ensure all new staff complete orientation prior to working alone with children.	12-26-2025	
5	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not documented on the safety & emergency response form	Fire and tornado drills were conducted and documented on the safety and emergency response form. The provider will conduct and document drills as required and maintain records on file.	12-11-2025	
6	250.09(2)(c) **Infant & Toddler - Sleep Position** Description: Children in care were observed sleeping on their stomach. Documentation from a physician was not available in file for review	Children will be placed on their backs to sleep in accordance with licensing rules. Parents were informed that written physician authorization is required for any alternate sleep position. Staff were re-trained on safe sleep practices. Infant files will be reviewed to ensure required documentation is on file, and ongoing monitoring will be conducted during nap times.	12-11-2025	

NAME - Agency Worker
Tiarra Trammell

Date Issued
12/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jeanelly Lopez Rivera

Date Signed
12/19/2025