e Correction Plan Due 3/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

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. 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) (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 submit plans of correction however are not required to do so.

uctions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. plete 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 (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 compliance 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 ility 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 e of the sanction and / or penalty and your appeal rights.

ne - Certified Operator / Licensed Center		**Provider Number / Facility ID Number**	
ter And Brother Family Daycare		8000592938 / 001 - 2008020	
ress - Facility (Street, City, State, Zip Code))7 N Bourbon St Milwaukee WI 532245151	**Telephone Number** 414-737-6005	**Date - Regulation Visit** 10/16/2025	

Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
250.04(6)(a)1.d. **Child Record - Enrollment Information - Parent Contact Info** Description: Child 3 did not have a parent contact number listed on enrollment form	I will review Application more Carefully at initial Visit	10-28-25	10-28-20
250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: Child 6 & 7 did not have an emergency contact number listed on enrollment form	I will review Application more Carefully at initial Visit	10-28-25	10-28-2025

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(6)(a)1.f **Child Record - Enrollment Information - Medical Contact** Description: Child 2 & 3 did not have physician information listed on enrollment form	I will inform Parent that all medical information must be completed on application	10-30-25	10-30-25
250.04(6)(a)1.h **Child Record - Enrollment Information - Date Of Attendance** Description: Child 1,2,3,4 &7 did not have a first day of attendance listed on enrollment form	I will make Sure dates are on application beginning Start date	10-30-25	10-30-25
250.04(6)(a)1m. **Child Record - Health History** Description: Child 3 did not have an health history emergency care plan form in file for review	I will inform Parent to make Sure to answer all heath questions Carefully	10-30-25	10-30-25
250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 3 & 7 did not have a child health report in file for review	I will inform parent that they have 30 days to return in their children medical documents	10-29-25	10-29-25

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 1,2,3 & 7 did not have an immunization record in file for review	I will inform parent that they have 30days to turn in their child medical records.	10-30-25	10-30-25
250.05(2)(b) **Staff File - Background Check Results** Description: Staff A did not have a complete background check available and was observed in childcare center working	I will make sure staff is eligible and background is cleared before hiring date	10-18-25	10-28-25
250.05(2)(g) **Staff File - Orientation** Description: Staff B did not have a complete orientation checklist in file for review	I will be more Cafefully reviewing all documents before hiring	10-16-25	10-16-25
250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: Chemicals were accessible to children in kitchen under sink	All chemicals will be put away in a safe place	10-16-2025	10-16-25

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250.06(3)(b) **Emergency Plans - Practice** Description: Tornado or fire drills were not practiced or documented on safety response tracking form	I will practice more on these drills and doing them in a timely manner	10-20-25	10-20-25
250.06(4)(a)3. **Smoke Detectors - Testing** Description: Smoke and carbon monoxide detectors were not tested or documented on safety and emergency tracking sheet	I will do better on testing these detectors on a regulate basis.	10-20-25	10-20-25
250.06(9)(d) **Food Storage, Temperatures** Description: Thermometers were not visible or available for review of temperatures for freezer or refrigerator	I will make sure that thermometer are visible at all time	10-21-25	10-21-25

IE - Agency Worker a Trammell	Date Issued 10/27/2025
NATURE - Certified Operator or Designee / Licensee or Designee [signature]	Date Signed 10-30-25