Date Correction Plan Due 12/17/2025	**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)(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
A Family Affair Child Care Ctr Inc	6000593566 / 001 - 2008566

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
8377 N 76Th St Milwaukee WI 532233207	414-206-0868	12/3/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 2 did not have a first day of attendance date listed on enrollment form Child 2 did not have physician information listed on enrollment form Child 1 did not have an emergency contact person listed on enrollment form	Will thoroughly monitor all childrens files to make sure all sections are completed accurately.	12/3/25	
2	251.06(1)(e) **Indoor Air Circulation** Description: Infant sleeping room temperature was observed above 80 degrees while children were sleeping	Thermostat will be set to 72° and all sleep room doors will be propped open for air circulation.	12/3/25	

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3	251.06(9)(f)3. **Food - Leftover Prepared Food** Description: Food that was prepared but not served was observed not labeled	All food will be labeled and dated. Food will be discarded after 2 days.	12/3/25	
4	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: 3 month updates were not documented for child 3-7	Will thoroughly monitor children under 2 for any and all updates needed.	12/3/25	
5	251.09(2)(bm) **Infant & Toddler - Sleep Position** Description: Child was observed sleep in infant seat and not in pack n play or crib assigned to child	All sleeping children will be placed in crib or pack n play when ~~sleeping~~ sleeping.	12/3/25	

NAME - Agency Worker
Tiarra Trammell

Date Issued
12/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/11/2025