DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/18/2025		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	
Tammy's Way Child Care		0000591540 / 001 - 2006736	
Address - Facility (Street, City, State, Zip Code) 4040 N 72Nd St Milwaukee WI 532161034	**Telephone Number** 414-387-9111	**Date - Regulation Visit** 10/30/2025	
	Correction Plan	**Expected Completion Date**	**Verification Date**
Rule/Statute Number **Noncompliance Statement**			
1 250.06(2)(e) **Potential Source Of Harm On Premises** Description: Broken glass was accessible to children in a window well near the front entrance. Damaged wood with splintered, sharp edges was accessible to children on the front screen door.	I HAD THE GLASSED CLEANED UP FOR SAFTY REASONS	10/25/2025	
2 250.06(2)(m) **Premises - Condition & Repair** Description: The premises was not maintained in good repair when broken glass was observed in a window well on the side of the home. The front screen door had a damaged wood piece with sharp edges and ripped screening.	THE SCREEN TO THE DOOR HAS BEEN CUT OUT FOR REASONS	10/25/2025	

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NAME - Agency Worker
Cindy Matuszak

Date Issued
11/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 10/14/2025

DCF-F-CFS0294-E (R.06/2011)