DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/3/2026		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
Giggles Of Grace Family Childcare	6000593726 / 001 - 2008705

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4315 N 47Th St Milwaukee WI 532161417	920-642-9216	10/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.f **Child Record - Enrollment Information - Medical Contact** Description: Child Record-Enrollment Information Medical Contact licensee did not provide the name, address, and telephone number of the child's physician or medical facility caring for the child for Child #2.	Sending file home with child to be complete.	10/12/2026	
2	250.04(6)(a)1.g **Child Record - Enrollment Information - Authorized Pickup** Description: Child Record-Enrollment Information Authorized Pickup Licensee did not show evidence for Child#2 the following; the names, addresses, and telephone numbers of persons other than a parent authorized to call for the child, pick up the child, or accept the child who is dropped off.	Sending file home with child to be complete	10/12/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)1m.e. **Child Record - Health History - Medical Conditions** Description: Child Record-Health History-Medical Conditions Licensee did not provide the child's medical conditions, such as asthma, cerebral palsy, diabetes, epilepsy, food allergies, or gastrointestinal or feeding concerns. If the child has a milk allergy, a statement from a medical professional indicating an acceptable alternative for Child #2.	Sending file home with child to be Complete	10/12/26	
4	250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Child Record-Consent For Emergency Medical Treatment Licensee did not show evidence for Child #2. Written permission from the parents under 250.07(6)(k) for medical attention to be sought if child is injured.	Sending file home with child to be Complete	10/12/26	
5	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: ILS observed some paring knives in sink strainer accessible to children.	Knive got put away when Mrs. Saffold said some thing.	10/08/26	

NAME - Agency Worker
Tammy Saffold

Date Issued
10/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Cheekwa Gray

Date Signed
10/29/2026

DCF-P-CCFN-294-E (R 06/2011)