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
9/11/2026		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	
Good Hands Daycare Center Llc		2000592232 / 001 - 2007424	
Address - Facility (Street, City, State, Zip Code) 3327 W National Ave Milwaukee WI 532151113	**Telephone Number** 414-736-4019	**Date - Regulation Visit** 8/27/2026	
	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: The enrollment form for child #2 was not on file.	La forma Child Care Enrollment ya estaba completada por el padre, pero fue archivada por error en otro expediente. La forma fue localizada y colocada en el expediente correcto del niño. En adelante, se revisará cada expediente al archivar documentos para asegurar que las formas correspondan al niño correcto.	8/27/2026	
2	251.04(6)(a)2. **Child Record - Emergency Medical Consent** Description: The emergency medical care consent checkmark was not marked on the enrollment form.	"Durante la visita, la forma DCF-F-CFS0062-S no se encontraba archivada en el expediente del niño. El 08/27/2026 se entregó el formulario al padre/madre para completarlo, incluyendo la sección de Emergency Medical Consent, y posteriormente fue colocado en el expediente. En adelante, se verificará que todos los formularios y autorizaciones requeridos estén completos antes de archivarlos."	8/27/2026	

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2000592232 / 001 - 2007424

4ands Daycare Center Llc

ress - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
527 W National Ave Milwaukee WI 532151113	414-736-4019	8/27/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.04(6)(a)4. **Child Record - Field Trip Authorization** Description: The field trip consent on the enrollment form was not checked. Repeat violation: Previously cited on 6/10/2025	" Durante la visita, la forma DCF-F-CFS0062-S no se encontraba archivada en el expediente del niño. El 08/27/2026 se entregó el formulario al padre/madre para completarlo, incluyendo la autorización de Field Trip, y posteriormente fue colocado en el expediente. En adelante, se verificará que el formulario de inscripción esté completo y archivado antes de la admisión del niño.	8/27/2026	
4	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Staff C does not have a current background check completed and on file.	1para Guillermo Tapia..Se verificó en el Child Care Provider Portal que el background check del empleado está vigente. El FBI Check fue completado el 05/13/2024 y vence el 05/13/2029, y el Name Check fue completado el 05/15/2026 y vence el 05/15/2027. La evidencia de estas fechas se mantendrá en el expediente del empleado mientras se obtiene la documentación oficial de elegibilidad. 2.Para Marisol Pabon,Se verificó en el Child Care Provider Portal que el background check del empleado está vigente. El FBI Check fue completado el 05/28/2024 y vence el 05/28/2029, y el Name Check fue completado el 05/30/2026 y vence el 05/30/2027. Se está verificando que la información esté correctamente asociada y documentada en el expediente del centro.	8/27/2026	
5	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical log book was not reviewed every 6 months as required.	Se realizó y documentó en el Medical Log Book la revisión de 6 meses de los registros de lesiones con el personal. En adelante, esta revisión se realizará y documentará cada 6 meses.	8/28/2026	

NAME - Agency Worker
Joel Marquez

Date Issued
8/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Carmen Hernandez

Date Signed
8/28/2026