



**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
7/29/2024

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, 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

Gandys Little Steppers Fcc

Provider Number / Facility ID Number  
0000582630 / 001 - 2006217

Address - Facility (Street, City, State, Zip Code)  
5951 N 71st St Milwaukee WI 532181821

Telephone Number  
414-763-7925

Date - Regulation Violation  
7/10/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.06(2)(c) Access To Materials Potentially Harmful To Children  Description: There were air freshening sprays labeled <input type="checkbox"/> Keep out of reach of children <input type="checkbox"/> within reach of children in the play area and kitchen.	All air freshening sprays have been stored in cleaning cabinet above kitchen sink.	7/10/24	
2 250.09(4)(e) Infant & Toddler - Soiled Disposable Diapers  Description: A soiled diaper was disposed of in a bathroom garbage can that was uncovered.	All trash bins have been replaced with bins with lids.	7/10/24	

NAME - Agency Worker  
Sarah Stormont

Date Issued  
7/11/2024

SIGNATURE - Certified Operator for Designee / Licensee or Designee

*S. Stanczyk*

Date Signed

9/4/24

0000-00-00 Gandy's Little Steppers

Facility ID 2005217  
5951 N 71st Street  
Milwaukee WI

STAFF NAME	CRR EXP.	CAN EXP.	CE HOURS	NOTES
Lefasha Gandy	7/18/14	8/19	OK	LV3 - Wisconsin gov
Tanisha Gandy	Volunteer	OK	OK	LV3 - Wisconsin gov
Aurie Gandy	03/20/16	8/25	OK	LV3 - Wisconsin gov

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

**CHILD RECORD CHECKLIST - CHILD CARE CENTERS**  
**CONFIDENTIAL - DO NOT POST**

dcf.wisconsin.gov

**Use of form:** Use of this form is voluntary. However, use as a review document by child care centers will help ensure compliance with DCF 250.04(6)(a) and DCF 251.04(6)(a). Licensing Specialists may also use this form during monitoring visits to document compliance with these rules. Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04(1)(m), Wisconsin Statutes).  
**Instructions:** A check mark indicates the required information is in the child's file. First day of attendance, birthdate, and physical exam date must be entered. If additional space is needed, attach a separate sheet. Family Child Care Centers must use the department-provided forms *Child Care Enrollment and Intake for Child Under 2 Years*.

Name - Child Care Center: **Gandy's Little Steppers**  
Address - (Street, City, Zip Code): **5951 N 71st St. Milwaukee WI**  
Facility ID Number: **2005217**

Enrollment Information	Parental Authorizations	Health	Under 2 Intake
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- FILES REQUESTED:**
- Children under Age 2
  - Children Between 2 and 4 Years
  - Children 5 Years or Over
  - At least one should have an allergy or medical condition

**KEY:**  
O - Missing  
I - Incorrect  
ND - Not Due Yet  
TA - Technical Assistance

Name - Child	Birthdate (mm/dd/yyyy)	Date - First day of attendance (mm/dd/yyyy)	Parent / guardian contact information	Child home address and telephone	Persons authorized to call for / receive child	Emergency contact information	Physician / medical facility *	Emergency medical care / treatment	Field trip / other off-site activity participation / transportation	Acknowledgement of the presence of pets or animals	Center-provided transportation to and from the center	Alternate arrival / release agreement	Health history information per DCF 250.04(6)(a)1 m. or DCF 251.04(6)(a)6.	Immunization history	Date - Child Health Report	Initial (Family Child Care Centers must use department form)	3-month updates (Group Child Care Centers only)
*1 Taylor Jenkins	09/17/12	04/20/12	X	X	X	X	I	X	X	X	n/a	n/a	X	X	n/a		
2 Charles Williams	10/22/20	06/10/12	X	X	X	X	X	X	X	X	n/a	n/a	X	X	6/2013		
3 Mylani Jones	04/20/12	04/15/12	X	X	X	X	X	X	X	X	n/a	n/a	X	X	6/2013		
4																	
5																	
6																	
7																	
8																	

Signature: *[Handwritten Signature]*  
Date Signed: **7/10/2013**

**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1, DCF 251.04(6)(a)6, and DCF 252.41(4)(a)8, of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI) Jenkins Tahir B Birthdate (mm/dd/yyyy) 09-11-2012 First Day of Attendance (mm/dd/yyyy) 4/20/12

Home Address (Street, City, State, Zip Code) 8732 W Congress #14

**PARENT / GUARDIAN INFORMATION**

Provide information where the parent(s) / guardian(s) may be reached while the child is in care

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
<u>Breon Jenkins Dad</u>	<u>* 414 839-3470</u>	<u>N/A</u>	
<u>Tamacho Baker wms Mom</u>	<u>414 998-5508</u>	<u>* (414) 585-1000</u>	

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Physician Name Emily Childrens Medical Facility Address Childrens Clinic Telephone Number (414) 479-9990

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)8, Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3, authorizations shall be reviewed every 6 months and updated as necessary.

Authorization	Brand Name	Ingredient Strength
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1 Check any special medical condition that your child may have

- No specific medical condition
- Asthma
- Cerebral palsy / motor disorder
- Other condition(s) requiring special care - Specify
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns, including special diet and supplements
- Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative
- Food allergies - Specify food(s)

Non-food allergies - Specify

CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1 and DCF 252.41(4)(a)1, respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current when enrolling a child under two years of age, a completed intake for Child Under 2 Years form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

First Day of Attendance

Jenkins Taylor B.

09-17-2012

4/20/21

**PARENT OR GUARDIAN - All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.**

a Name and Relationship to Child

Home / Cell Phone No

Email Address Where Reachable While Child is in Care

\* Mother Tamika Baker

(414) 998-5500

tom\_chol1994@gmail.com

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No

8722 W. Congress St. #4

Yes  No

Always Best Care

b Name and Relationship to Child

Home / Cell Phone No

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?

Place of Employment and Work Phone No.

Yes  No

**AUTHORIZED PERSONS - Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."**

a Name and Relationship to Child

Home / Cell Phone No

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No

Kiara Jackson Aunt

414 400 0372

Stella's

b Name and Relationship to Child

Home / Cell Phone No

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No

Lavonne Baker Uncle

414 418 2079

Tee's Direct

**EMERGENCY CONTACT - The person to be notified in an emergency when parents / guardians cannot be reached.**

Yes  No This person is authorized to pick up the child

Home / Cell Phone No

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No

Tamika Williams

414 301-0634

Group Home

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

EMILL

3040 W 117th

Wauwatosa

414 979 9990

AUTHORIZATIONS

- I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately
- Yes  No
- I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers
- Yes  No
- I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours
- Yes  No
- I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.
- Yes  No

SIGNATURE - Parent or Guardian

Date Signed

Tamika Baker Williams

04-13-2021

Have attached the Noncompliance Statement and Correction Plan (DCF-F-CF204) from your recent visit - [but let me know if you need to have a paper copy sent to you instead!](#) Please complete the attached form as follows:

- In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the form number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and Youngster Public Search Internet Site, which shows each provider's violations, please note the following when writing your correction plan:
  - Do not include confidential information, including the names of children and staff.
  - Write in concise, plain English.
  - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "I will have staff," "I will do," "I don't sign" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
  - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. Return the completed and signed form to the department by the due date that appears at the top left of the form via:

- Email: [sarah.stevenson@dcf.wisconsin.gov](mailto:sarah.stevenson@dcf.wisconsin.gov) or
- Fax: (262) 446-7091 or
- Mail:

DEPARTMENT OF CHILDREN AND FAMILIES  
BUREAU OF EARLY CARE REGULATION  
3831 HAZELTON HECKEN  
100 N. GARDEN ST.  
[www.dcf.wisconsin.gov](http://www.dcf.wisconsin.gov)

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search Internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to print a copy of the Noncompliance Statement and Correction Plan (DCF F-CF204) on a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliance have been verified as corrected and the next DCF F-CF204 or DCF F-CF1765 (Compliance Statement) has been issued. Note: If applicable, do not post the CUIP and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: <http://www.dcf.wisconsin.gov/earlycare/feedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

Sarah Stevenson

Executive Director  
Licensing Specialist  
262 | Child Care Regulation | Early Care and Regulation  
[www.dcf.wisconsin.gov](http://www.dcf.wisconsin.gov) | P: 262.446.7440 |   

 Wisconsin Department of Children and Families