

Date Correction Plan Due
11/13/2025

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
Gifed Handz Family Child Care
Provider Number / Facility ID Number
0000592860 / 001 - 2007960

Address - Facility (Street, City, State, Zip Code)
6050 N 40Th St Milwaukee WI 532093513
Telephone Number
414-639-9844
Date - Regulation Visit
11/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.06(2)(b) Access To Potentially Dangerous Items Description: Personal chemical items were observed in shower in bathroom accessible to children	Remove all personal care items from shower during business hours.	11/6/2025	11/6/2025
2 250.06(9)(c) Safe Food Description: Milk was observed expired in refrigerator	Check and label all dated items inside refrigerator and discard on or before expiration dates.	11/6/2025	11/6/2025

NAME - Agency Worker
Tiarra Trammell

Date Issued
11/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed