Date Correction Plan Due	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		Provider Number / Facility ID Number	
Z And T Loving Hands Llc		4000594044 / 001 - 2008960	
Address - Facility (Street, City, State, Zip Code) 8537 W Lawrence Ave Milwaukee WI 532255122	**Telephone Number** 414-627-2169	**Date - Regulation Visit** 4/28/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(h) **License Posted & Visible** Description: License Posted & Visible not posted at site visit on 4/28/2026.	License Displayed April 29th 2026	April 29th 2026	
2	250.05(2)(a) **Staff File - Staff Record Form** Description: Staff File-Staff Record Form not available for Staff B.	Victoria Daniels - File Complete Saran Hawkins - Finishing classes [redacted] classes	Victoria - Complete Saran - may 29th [redacted]	

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Z And T Loving Hands Llc		4000594044 / 001 - 2008960		
Address - Facility (Street, City, State, Zip Code) 8537 W Lawrence Ave Milwaukee WI 532255122		**Telephone Number** 414-627-2169	**Date - Regulation Visit** 4/28/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.05(2)(b) **Staff File - Background Check Results** Description: Staff File-Background Check results-not verified for Staff B.	Victoria Daniels Background Complete 05/08 Sarah Hawkins complete 05/07	Completed 05/07/2026 05/05/2026	
4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Biennial Training-Child Abuse & Neglect not verified for staff B.	Victoria Daniels Sarah Hawkins Class Booked	12/11/2022 06/13/2026	
5	250.05(4)(a) **Staff Orientation - Documentation** Description: Staff Orientation-Documentation not verified for Staff B.	Victoria Daniels Sarah Hawkins	4/30/2026 4/30/2026	

NAME - Agency Worker
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
05/05/26