NAME - Agency Worker
Lou Thao

Date Issued
10/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kapri Holder

Date Signed
11/3/2025

DCF-F-CFS0294-E (R.06/2011)

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 10/24/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL**

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**
Krystal Gifted Hands	6000589656 / 001

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
5354 N 34Th St Milwaukee WI 532094720	262-765-5930	10/6/2025

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	202.08(1)(b)3.d. **Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.** Description: The operator's cpr has expires as of 9/23/2025 and she did not have a current cpr certification on file.	I Kapri Holder owner of Krystal Gifted Hands will make sure that my cpr class is updated every 2years I will have an update one by the end of the year.	12/31/25	

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2	202.08(1)(b)5. **After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.** Description: The operator did not have documentation of receiving at least 5 hours of qualifying continuing education annually. The Wisconsin Registry was checked, and no continual education was found for 2024 or 2025.	I Kapri Holder owner of Krystal Gifted Hands will make sure that I have complete 5 hours of continuing education classes each year I will make sure that all classes stay updated before expired date	12/31/2025	
3	202.08(10)(a) **A Child Care Provider Shall Ensure That Each Child Shall Be Served One Meal Or Snack At Least Once Every 3 Hours. Each Meal And Snack Shall Meet The U.S. Department Of Agriculture Child And Adult Care Food Program Minimum Meal Requirements.** Description: Milk was not served for dinner.	I Kapri Holder owner of Krystal Gifted Hands will make sure that when all meals are served to provide meal will all meals when children is present.	10/3/25	

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4	202.08(12)(f)1-4 **Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:** **1. The Parents' Home And Work Phone Numbers.** **2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.** **3. The Parents' Signed Consent For Emergency Medical Care.** **4. A Name And Number To Call If The Child Requires Emergency Medical Care.** Description: Children #4 and #5 were missing emergency contact on the enrollment and health history information form.	I Kapri Holder of Krystal Gifted Hands will make sure that all files are complete with no missing info for each child I have given parent papers to redo and was giving back to me will no missing info.	11/3/25	
5	202.08(4)(a)2. **For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter** Description: Child #2 was missing a health report on file.	I Kapri Holder owner of Krystal Gifted Hands have child #2 health report in file and will make sure it's updated and in file	11/3/25	

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6	202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator was not able to locate her written emergency plan during the recertification visit.	I Kapri Holder owner Of Krystal Gifted Hands will have a written plan for emergency I will make sure it's in an area that could be located for each staff or worker to have access to	12/31/25	
7	202.08(8m)(a)2. **The Play Equipment Shall Be Constructed In A Sturdy Manner And Be In Good Operating Condition With No Sharp, Rough, Loose, Or Pointed Edges.** Description: The swing set outside was not constructed in a sturdy manner.	I Kapri Holder owner Of Krystal Gifted hands will make sure all toys and play Equipment is safe for each child before use it any toy is damage I will replace it or remove it	12/31/25	

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