

Date Correction Plan Due 10/2/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Starry's Helping Hands	Provider Number / Facility ID Number 5000590355 / 001
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Address - Facility (Street, City, State, Zip Code) 4178 N 41st St Milwaukee WI 532161608	Telephone Number 414-208-9035	Date - Regulation Visit 9/16/2025
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#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: The health. Report for child #7 on page 1 of the Child Record Checklist was outdated.</p>	<p>The child's mother will have report on 10/28/25</p>	10/28/2025	
2	<p>202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.</p> <p>Description: There was o immunization record on file for children #6 on page 1 of the Child Record Checklist.</p>	<p>The child's mother sent a copy of the child immunization</p>	9/22/2025	

Certified Operator / Licensed Center

Helping Hands

Provider Number / Facility ID Number

5000590355 / 001

Facility (Street, City, State, Zip Code)

11st St Milwaukee WI 532161608

Telephone Number

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9/16/2025

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Correction Plan

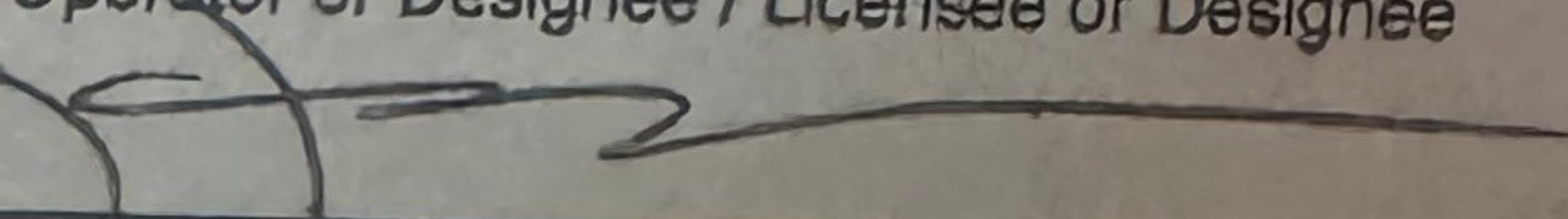
Expected
Completion Date

Verification
Date

Date Issued

9/18/2025

Operator or Designee / Licensee or Designee



Date Signed

9/24/2025