

Date Correction Plan Due
3/12/2026

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

Trinity Praying Hands

Provider Number / Facility ID Number

8000590978 / 001

Address - Facility (Street, City, State, Zip Code)
4184 N 14Th St Milwaukee WI 53209

Telephone Number
414-931-9259

Date - Regulation Visit
2/25/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 202.08(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:</p> <ol style="list-style-type: none"> 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. <p>Description: The Enrollment and Health History forms were incomplete for children #1 and #2.</p>	<p>to have the parents and doctor's complete an update form for children #1 and #2</p>	<p>April 1/2026</p>	

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2	<p>202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: The smoke detector on the 2nd floor was not functioning at the time of the visit.</p>	the battery was changed on the 2nd floor	2/25/2026	
3	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Loose cords were accessible to children in the living room. A power strip with uncovered outlets, and an unlocked drawer with a knife were accessible in the kitchen.</p>	t.v. and cords, will be mounted and covered. Knives were removed from the drawer. outlet was covered	2/25/2026	
4	<p>202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.</p> <p>Description: Child #1 did not have a health report signed by a physician on file.</p>	Mom will have the form dropped off at the doctor's office	4/1/2024	

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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 did not have an updated health report on file.	will have Mom drop off form at doctor's office	4/01/2026	
6 202.08(9)(b) Before Transporting A Child, An Operator Shall Obtain Signed Permission From The Parent For Transportation And Emergency Information For Each Child. Description: There were no transportation permission forms on file for children #1 and #2. A review of transportation records shows that child #2 is regularly transported.	forms were filled out by both parents	02/25/2026	
7 202.08(9)(c) An Operator Shall Ensure That A Written List Of Children Being Transported, Copies Of Completed Permissions, And Emergency Information For Each Child Being Transported Is Maintained At The Premises And In Any Vehicle Transporting Children While The Children Are Being Transported. Description: Transportation permissions were not kept on site or in the vehicle used for transportation.	forms will be copied and kept in vehicle	02/25/2026	

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NAME - Agency Worker
Deborah Kersting

Date Issued
2/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Deborah O. Kersting

Date Signed
March 3, 2026