

<b>Date Correction Plan Due</b> 11/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b> Helping Hands Learning Center		<b>Provider Number / Facility ID Number</b> 2000590072 / 001 - 2005013	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1830 N 14TH St Milwaukee WI 532051640		<b>Telephone Number</b> 414-322-4224	
<b>Date - Regulation Visit</b> 10/29/2025		<b>Expected Completion Date</b> 10/29/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m <b>Child Record - Health History</b> Description: Documentation of health history information was not observed for a child.  Repeat violation: Previously cited on 10/17/2024	Head Form ready 10/29/2025 when mom dropped off child and signed it	10/29/2025	
2 250.05(2)(g) <b>Staff File - Orientation</b> Description: Documentation of an orientation was not observed for an employee	Orientation was done Staff was here same day 10/29/2025	10/29/2025	

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3 250.05(3)(m) <b>Biennial Training - Child Abuse &amp; Neglect</b> Description: Documentation of mandated reporter training was not observed for a provider Repeat violation: Previously cited on 10/17/2024	Reviewed Staff with same day was reviewed here	10/24/2025	
4 250.06(3)(g) <b>Provider Training - Abusive Head Trauma</b> Description: Documentation of abusive head trauma training was not observed for a provider	Reviewed Staff with same day was here	10/24/2025	
5 250.06(2)(e) <b>Potential Source Of Harm On Premises</b> Description: Standing water was observed on an inflatable pool outside. *Corrected at the time of the visit	Was corrected at time of visit	10/24/2025	
6 250.06(2)(m) <b>Premises - Condition &amp; Repair</b> Description: A deck stairs railing was loose Repeat violation: Previously cited on 10/17/2024	Railing replaced was sent picture	10/28/2025	

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Completion Date

Verification  
Date

NAME - Agency Worker  
Colleen Hanser, Katrina Tarantino

SIGNATURE - Certified Operator or Designee / Licensee or Designee

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Date Issued  
10/29/2025

Date Signed  
11/3/2025

*Handwritten date*