

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 Kenya's Helping Hands
Provider Number / Facility ID Number 0000591490 / 001 - 2008801

Address - Facility (Street, City, State, Zip Code) 5331 N 38Th St Milwaukee WI 532094736
Telephone Number 414-249-4136
Date - Regulation Visit 4/9/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff B. was missing a completed Physical Examination due 30 days after beginning to work with children.	Staff File be checked every 30 days to make sure everything is in order. Doc Apt schedule for 5/19/26	5/20/26	

NAME - Agency Worker
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tammy Saffold

Date Signed

5/18/2026