Date Correction Plan Due 7/23/2026	**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 202.055, 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**	
D's Tiny Hands Daycare		6000590368 / 001 - 2005407	
Address - Facility (Street, City, State, Zip Code) 8223 W Casper St Milwaukee WI 532235538	**Telephone Number** 414-357-6771	**Date - Regulation Visit** 7/9/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.a. **Monitoring Results Posted** Description: The most recent noncompliance statement is not posted. The noncompliance statement posted is from the 7/24/24 monitoring visit.	Complete	7/9/26	
2	250.04(6)(a)1. **Child Record - Enrollment Information** Description: Enrollment information on file for Child #1 is incomplete. There is no emergency contact information and the parental authorization questions have not been answered.	Parent Complete	7/10/26	

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3	250.04(6)(a)1m. **Child Record - Health History** Description: Completed Health History and Emergency Care Plan information is not on file for Child #1.	Parent complete	7/10/26	
4	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child #1, who has attended the center since 9/21/25, does not have documentation on file that indicates the child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144.	Complete	7/20/26	
5	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: The current CPR certificate on file for the licensee is from the "National Health And Safety Association" which is not a department-approved CPR provider.	Will be complete	7/25/26	
6	250.06(4)(a)1. **Smoke Detectors** Description: A smoke detector can be heard "chirping" throughout the visit indicating it is in need of maintenance.	Complete	7/18/26	

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7	250.07(6)(b)2. **Medical Log Book - Pages And Entries** Description: Skipped lines are observed in the medical log book and one entry has not been signed or initialed by the person who made the entry. Repeat violation: Previously cited on 7/7/2025	Complete	7/9/26	

NAME - Agency Worker
Maureen Slatten, Kristin Lange

Date Issued
7/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jessica Seguine

Date Signed
7/20/2026