

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
2/14/2025

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 252.14(1)(A), 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 rules. 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 noncompliances. 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, 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

Helping Hands Child Care

8000585488 / 001

Address - Facility (Street, City, State, Zip Code)  
204 Middle St Beloit WI 535114366

Telephone Number  
608-774-8607

Date - Regulation Visit  
1/29/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

1 202.08(12)(e)

The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Displaying A Copy Of The Certificate In An Area Easily Seen By Parents And Visitors, Unless The Operator Is A Certified In-Home Child Care Operator.

Description: Certificate was not displayed at the time of the visit.

*Certificate was sent Friday Jan. 31, 2024 by text message. Sent also on 2-11-25*

*2-14-25*

*2-11-25*

*Received via text on 2-14-25*

Name - Certified Operator / Licensed Center Helping Hands Child Care	Address - Facility (Street, City, State, Zip Code) 204 Middle St Beloit WI 535114366	Telephone Number 608-774-8607	Date - Registration Wait 1/29/2025	Provider Number / 001 8000585488 / 001
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<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: Desk drawer to the right in the living room had batteries and sharp items accessible to children. Bathroom cabinet under the sink should be locked or items with "keep out of reach of children" should be removed.</p>	<p>Pictures were sent by text message on Fri. Jan. 31, 2024 for desk drawer. All items removed. Sent on 2-11-25 also. Bathroom cabinet pictures sent on 02-11-25</p>	2-14-25	2-11-25
3	<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: Child #1 had a health report on file but not current.</p>	<p>Health report sent on 02-13-25</p>	2-14-25	2-13-25

Received via text on 2-14-25

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8000585488 / 001

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608-774-8607

Date - Regulation Visit  
1/29/2025

Expected  
Completion Date

Verification  
Date

Correction Plan

Emergency plans were sent  
on 2-11-25. Sent also  
text message. Sent also  
on 2-14-25

2-14-25

2-11-25

Rule/Statute Number  
Noncompliance Statement

4 202.08(4m)(a)1.

An Operator Shall Have A Written Plan For Taking Appropriate  
Action In The Event Of An Emergency Including A Fire; A  
Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of  
Building Services, Including No Heat, Water, Electricity Or  
Telephone; Human-Caused Events, Such As Threats To The  
Building Or Its Occupants; Allergic Reactions; Lost Or Missing  
Children; Vehicle Accidents; A Provider's Family Situation, Such  
As Medical Emergency Or Illness; Or Other Circumstances  
Requiring Immediate Attention.

Description: Emergency plans were not available for review.

Received via text  
on 2-14-25

NAME - Agency Worker  
Hanaka Ehler

Date Issued  
2/3/2025

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Quynette Smith* 02-14-2025

02-14-2025