

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Revised March 01 4-9-2026

STATE OF WISCONSIN

Date Correction Plan Due
4/9/2026

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 violations and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.005, DCF 250.04(2)(f) and (3)(d), DCF 261.04(2)(c) and (3)(f), DCF 252.4 and (2)(k). Failure to submit an appropriate correction plan by the date listed above may result in sanctions identified in the statute and / or administrative rule. Further instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing staff 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 noncompliance statement and correction plan near the licensee in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction 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 notified of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Helping Hands Child Care

8006585488 / 001

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

Telephone Number
608-774-8907

Date - Regulation Violated
3/24/2026

Rule/Statute Number	Correction Plan	Expected Completion Date	Verified Day
<p>1 202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3, A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually, Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(b)5. A. Through N.</p> <p>Description: 4 hours of continuing education was due by 1/31/2026.</p>	<p>Discipline and Discipline Stress Management for Child Care Providers (w/ workbook).</p> <p><i>Waiting for certificate</i></p>	<p>4-24-26</p>	<p>4-9-</p>

Name - Certified Operator / Licensed Center
 Helping Hands Child Care

Provider Number / Facility ID Number
 8000585488 / 001

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

Telephone Number
 608-774-8607

Date - Regulation Visit
 3/24/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(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 Service, 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 at the time of the visit. New template was given at the time of the visit.	located emergency plan for child care safety.	4-9-26	4-9-26 ✓
3 202.08(4m)(d)2 The Home Shall Have A List Of Emergency Numbers Posted In A Location Known To All Providers, Including The Numbers For The Police, Fire Station, Emergency Medical Care, Child Protective Services Agency, And Poison Control Center. Description: A list of emergency numbers were not available/posted.	located emergency phone numbers for county (Rock) and children enrolled	4-9-26	4-9-26 ✓

NAME - Agency Worker
 Hanaka Ehiert

Date Issued
 3/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Annette Smith

Date Signed

04-09-2026