Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/6/2026		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		Provider Number / Facility ID Number	
Allen's Wright Hand Of Love		6000586866 / 002 - 2002895	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
4230 W Lancaster Ave Milwaukee WI 532095239	262-894-9124	9/16/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child #2 who has been enrolled for more than 30 days does not have documentation of immunizations.	Parent given to 11/01/26 no later	11/01/2026	
2	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Attendance is not current and accurate. Two children who were signed into care on 9/4/26 do not have a time out.	I looked at my text messages and signed them out accurately	9/18/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Staff 1 does not have documentation of training in CPR/AED. Staff 3 does not have CPR/AED training by an approved provider.	All teachers are signed to take a cpr training worth an authorized company on 11/07/2026	11/07/2026	
4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff 1's child abuse and neglect training expired on 9/2/26.	Having a staff meeting 10/10/2026 will be com	10/10/2026	
5	250.05(4)(a) **Staff Orientation - Documentation** Description: Staff 1 does not have a FCC orientation on file. The orientation is for a GCC. Staff B does not have an orientation on file.	Having a staffing meeting 10//10/2026. Will be complete		

10/10/2026

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
9/22/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed