

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**


<b>Date Correction Plan Due</b> 5/12/2023	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**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, you will be given a notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Helpful Hands Family Child Care Ctr	
<b>Address - Facility (Street, City, State, Zip Code)</b> 5657 N 93Rd St Milwaukee WI 532252748	
<b>Telephone Number</b> 414-467-7249	<b>Provider Number / Facility ID Number</b> 5000589035 / 001 - 2002913
<b>Date - Regulation Visit</b> 4/19/2023	

#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: One child did not have documentation of immunizations, or a waiver, on file.  Repeat violation: Previously cited on 8/27/2021	Spoke with Parent about getting record	4/28/23	4/28/23
2	250.05(3)(e)1. <b>Provider Training - Obtain Cpr Certificate</b>  Description: There was no documentation of CPR training within the past two years. Previous training expired in 2022.	registered for training class	8/15/23	8/15/23

<b>NAME - Agency Worker</b> Sarah Stormont	<b>Date Issued</b> 4/28/2023
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 8/16/23



**American**  
CPR Care Association  
SAVING LIVES ONE COURSE AT A TIME

**A532069**



This Recognizes That

**Margie Lucas**

Has Completed the Requirements for  
**AED, Adult, Child, Infant CPR  
& AED Training (BLS)**

American CPR Care Association

**08/15/2023**

**08/15/2025**

Date Completed

Valid Until

Instructor Signature

Holder's Signature

Call **911** in case of a medical emergency Call **1-888-808-9109** in a poison emergency  
For CPR/AED or First Aid training information Call **1-888-808-9109** or visit [cprcare.com](http://cprcare.com)



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CPR Care Association  
SAVING LIVES ONE COURSE AT A TIME

American CPR Care Association  
Renewal Recommended every 2 years

# Statement of Participation

The Postgraduate Institute for Medicine confirms that

**Margie Lucas**

has participated in the educational activity titled

**Adult, Child, Infant CPR & AED Training (BLS)**

an Internet based activity on 08/15/2023

This educational activity for 4.0 contact hours is provided by the Postgraduate Institute for Medicine.



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In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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for Medicine

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American CPR Care Association  
*We Provide Quality Healthcare*

*Trace Hutchison, Pharm D.*

Trace Hutchison, PharmD  
Director of Medical Education  
Postgraduate Institute for Medicine

The licensee must retain this certificate for a period of 4 years after participating in the course.