

Date Correction Plan Due
5/3/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
202-446-7600

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)(b) and (2)(c), DCF 257.04(2)(b) and (3)(f), DCF 252.41(1)(M) 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, photocopy your copy of the noncompliance statement and correction plan near the licensee in accordance with Wis. Stat. 49.657. 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 the 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

Heldful Hands Family Child Care Ctr

E000589036 / 001 - 2C02913

Address - Facility (Street, City, State, Zip Code)
5657 N 93RD St Milwaukee WI 532252749

Telephone Number
414-487-7249

Date - Regulation Viol
4/9/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1. Child Record - Enrollment Information Description: Child 2 and 3 had missing and incomplete information on their child enrollment forms.	Parent completed missing info missing	4/10/2024	4/10/2024
2 250.04(6)(a)1m. Child Record - Health History Description: Child #1 did not have a health history form on file.	Parent completed form	4/10/2024	4/10/2024
3 250.04(6)(a)4. Child Record - Physical Exam Description: Child #2 did not have a completed health report on file.	Parent completed health report	4/11/2024	4/11/2024

Name - Certified Operator / Licensed Center
 Helpful Hands Family Child Care Ctr

Address - Facility | Street City, State, Zip Code|
 5657 N 93rd St Milwaukee WI 532252748

Provider Number / Facility ID Number
 5000589035 / 001 - 2002913

Telephone Number
 414-677-7249

Date - Requestion Visit
 4/9/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child 3 did not have authorization for emergency medical care/treatment.	parents external missing information	4/10/2024	4/10/2024
5 250.06(2)(m) Premises - Condition & Repair Description: There was broken glass on in the outdoor play area from a broken garden light.	Picked up glass and moved it away	4/9/2024	4/9/2024

NAME - Agency Worker
 Sarah Stormont

Date Issued
 4/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed