				er Number / Facility ID Number 90046 / 001 - 2004783		
Add	ress - Facility (Street, City, State, Zip Code) 2 W Center St Milwaukee WI 532102406	Telephone Number 414-988-0151	Date - Regulation Visit 1/25/2022			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
3	251.05(2)(a)5.  Staff Record - High School Diploma  Description: Staff A is missing documentation of a high school diploma or equivalency on file.  Repeat violation: Previously cited on 9/2/2020	STRIFF A NO LONGE EXPROYED	1-29.22	1-29-22		
4	251.05(3)(c)  Cardiopulmonary Resuscitation Training  Description: Staff A is missing the required CPR training on file.  Staff B has expired CPR certificate on file. Staff B's CPR training expired on 09/2021.  Repeat violation: Previously cited on 10/21/2020	STAFF A NO LONGER EMPLOYED	1.29-22	1-29.22		
5	251.05(4)(c)9.  Continuing Education - Documentation Of 12 Month Period  Description: Staff B and Staff C are missing documentation of the required 25 hours of continuing education for 2020-2021.	STAFF B AND C HAS COMPLETED HOURS	1-31-2022	2-1-202		
6	251.06(2)(a)  Potential Source Of Harm On Premises  Description: In the toddler room, there is a piece of wood hanging from the panel in children □s play area.	MEM DICKED UP RIGHT AWAY	1-2822	1-28-22		

Date Correction Plan Due 2/9/2022

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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.

Nam	e of the sanction and / or penalty and your appeal rights. e - Certified Operator / Licensed Center gory's Little Helpers Llc	ider Number / Facility ID Number 0590046 / 001 - 2004783		
Addı	ress - Facility (Street, City, State, Zip Code)  2 W Center St Milwaukee WI 532102406	Telephone Number 414-988-0151	Date - Regulation Visit 1/25/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m.  Child Record - Immunization History  Description: Child #2 is missing documentation of Immunization record on file.	PARSOT BROUGHT IN CHILD PAMUNIZATION HISTORY COPY ATTACHED	1-28-22	1-28-22
2	251.05(2)(a)3.a.  Staff Record - Physical Examination  Description: Staff A is missing documentation of a completed physical examination and/or documentation of a Staff Health Report on file.  Repeat violation: Previously cited on 9/2/2020	STAFF A NO LONGER Employed	1-29-22	1-29.22

	e - Certified Operator / Licensed Center gory's Little Helpers Llc	Provider Number / Facility ID Number 6000590046 / 001 - 2004783			
Address - Facility (Street, City, State, Zip Code) 4322 W Center St Milwaukee WI 532102406		Telephone Number Date - Re 414-988-0151 1/25/202		gulation Visit 2	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
7	251.07(6)(dm)4.  Medical Log - Reviewing Injury Records  Description: The medical log book has not been reviewed in the last six months. The last entry was documented on 11/29/2021.	MEDICAL DOG REVIEWED AND INITIALED	1-27-22	1-27-22	

NAME - Certification Worker / Licensing Specialist Jasmine Kelly

Date Issued 1/26/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1-31-20-22