

Date Correction Plan Due 9/23/2025	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 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 Brittany's Help N Hands	Provider Number / Facility ID Number 3000591393 / 001
---	---

Address - Facility (Street, City, State, Zip Code) 6045 W Silver Spring Dr Milwaukee WI 532183152	Telephone Number 262-422-1149	Date - Regulation Visit 9/2/2025
---	---	--

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(10)(a) A Child Care Provider Shall Ensure That Each Child Shall Be Served One Meal Or Snack At Least Once Every 3 Hours. Each Meal And Snack Shall Meet The U.S. Department Of Agriculture Child And Adult Care Food Program Minimum Meal Requirements. Description: It was asked what was being provided for dinner, the operator stated grapes, taco (lettuce, tomatoes, chips and ground beef) and apple juice. The meals did not meet the U.S. department of agriculture child and adult care food program minimum meal requirements.	Going forward meals will meet DACA Food program guidelines. Meals will consists of a meat, Vegetable, Fruit, or grain, and milk	9/3/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Brittany's Help N Hands		3000591393 / 001		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
6045 W Silver Spring Dr Milwaukee WI 532183152		262-422-1149	9/2/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(11)(d) A Safe Crib Or Playpen With A Tight-Fitting Mattress With A Tight-Fitting Covering Shall Be Available For Each Child Under One Year Of Age To Use For Napping Or Sleeping. The Crib Or Playpen May Not Contain Soft Or Loose Materials, Such As Sheepskins, Pillows, Blankets, Flat Sheets, Bumper Pads, Bibs, Pacifiers With Attached Soft Objects Or Stuffed Animals. A Certified Family Child Care Operator Shall Ensure That Each Crib Used By A Child In Care Satisfies The Applicable Federal Safety Standards In 16 Cfr Part 1219 Or 1220.</p> <p>Description: The fitted sheet for the mattress on the two playpens was not tight fitting.</p>	<p>I purchased new mattresses for each playpen to fit. Purchased fitted sheets for each playpen as well.</p>	9/5/25	
3	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: Child #1 was missing an updated health report on file.</p>	<p>I contacted child parent advised I need updated health reports by 9/23/25</p>	9/23/25	

Name - Certified Operator / Licensed Center Brittany's Help N Hands		Provider Number / Facility ID Number 3000591393 / 001		
Address - Facility (Street, City, State, Zip Code) 6045 W Silver Spring Dr Milwaukee WI 532183152		Telephone Number 262-422-1149	Date - Regulation Visit 9/2/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: Child #2 was missing an updated health report on file.	I contacted child parent advised I needed updated health reports by 9/23/25	9/23/25	
5	202.08(4m)(a)2. The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan. Description: The emergency plan has not been reviewed periodically and practiced as specified in the plan. The designated space used for tomado shelter in the basement needed to be clean and the items store in the space needed to be clear.	Emergency plan will be updated to a closer location to childcare Tornado area will be cleaned and extra items will be removed and will be adjusted as discussed at visit.	9/17/25	

NAME - Agency Worker
Lou Thao

Date Issued
9/9/2025

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed

Brittany Lewer

9/10/25