Date Correction Plan Due 3/3/2026	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)(l) 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	
Mommy's Helper Childcare Ii Llc		1000593871 / 001 - 2008835	
Address - Facility (Street, City, State, Zip Code) 2207 W Center St Milwaukee WI 532061615	**Telephone Number** 414-301-4120	**Date - Regulation Visit** 2/17/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 ✓	251.05(2)(a)1. **Staff Record - Personal Information** Description: Staff A did not have a staff record form or application in file for review	Licensee will meet with Staff A to have the staff record form completed immediately.	2/24/2026	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A did not have a complete health report in file for review	Licensee will require Staff A To have the completed health report done immediately	3/2/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3 ✓	251.055(1)(f) **Child Tracking Procedure** Description: Tracking procedures were not implemented or practiced for children in care	Licensee will create and implement a tracking system for all children in care. Staff will be trained to use this system and begin usage immediately	2/27/2026
4 ✓	251.06(10)(f) **Bathroom Supplies** Description: Soap was not accessible in bathroom to children in care	Staff will make sure that soap dispensers are checked daily and filled with necessary so that it is accessible to all children in care	2/24/2026
5 ✓	251.06(9)(d)2.a. **Food Storage - Dry Food** Description: Dry foods were observed not in food grade containers or labeled	Licensee will purchase and use food grade containers to use for dry foods. Licensee will use these containers and make sure that they are properly labeled	2/24/26
6 ✓	251.07(5)(a)6. **Menus - Changes** Description: Menu changes were not made on menus for parents acknowledgment of what□s being served to children in care	Licensee will make sure that menus are updated on a weekly basis.	2/24/26

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
7	251.08(4)(c)1. **Driver Record - Obtain & Review** Description: Staff D did not have a driving record available in file for review	Licensee will print out the driving record for Staff D and maintain a copy in the file.	2/24/26

NAME - Agency Worker
Tiarra Trammell

Date Issued
2/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kyuana Jackson

Date Signed
2/24/2026

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