Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/26/2026		

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		Provider Number / Facility ID Number	
Helping Little Hands Childcare		4000591704 / 001	
Address - Facility (Street, City, State, Zip Code) 2844 N 57Th St Lower Milwaukee WI 53210		**Telephone Number** 414-588-4867	**Date - Regulation Visit** 1/12/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)3.d. **Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.** Description: The operator□s CPR training has expired.	moving forward I will Keep track of when my classes needs to be renewed. CPR expired 01/2026 but no specific date in January. class is now renewed 1/13/2026	1/13/2026	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Helping Little Hands Childcare	4000591704 / 001

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2844 N 57Th St Lower Milwaukee WI 53210	414-588-4867	1/12/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Hazards in the form of exposed electrical outlets and disinfectant wipes were accessible to children and were removed immediately.	I will insure that the outlets are checked daily and I installed a saftey lock on the closet where the disinfectant wipes are stored.	1/12/2026	1/12/2026

NAME - Agency Worker
Jean Houston

Date Issued
1/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Carmen Cark

Date Signed
1/13/2026