

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
10/24/2025

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)(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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center
In Good Hands Cc And Lmg Ctr
Provider Number / Facility ID Number
0000591160 / 001 - 2006330

Address - Facility (Street, City, State, Zip Code)
8169 W Kathryn Ave Milwaukee WI 532183640
Telephone Number
414-766-4234

Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5</p> <p>Description: Child 1 has an incomplete health history available for review at the time of the monitoring visit.</p>	<p>parent stated child was not returning. Called the following day said he will stay. she picked up health history form 10.9.25 and will return will its complete</p>	<p>11.1.25</p>	
<p>2 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period</p> <p>Description: Provider did not have documentation of 15 hours of annual continuing education for 2024 available for review at the time of the monitoring visit. There were 2 hours available for review. Repeat violation: Previously cited on 8/29/2024</p>	<p>printed email verification for 2024 continuing Ed School Age Assst Staff as worker course <u>15 hrs</u></p>	<p>10.8.25</p>	

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Date - Regulation Visit

10/7/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

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NAME - Agency Worker
Mindl Sabljak, Rhonda Brueggemann

Date Issued
10/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

M. Brueggemann

Date Signed

10.12.25