DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/21/2026		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
A Mothers Love Milwaukee Childcare Llc		2000592852 / 001 - 2007954	
Address - Facility (Street, City, State, Zip Code) 1026 W Atkinson Ave Milwaukee WI 532063062	**Telephone Number** 414-702-2697	**Date - Regulation Visit** 12/11/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(g)1. **Certificate Of Insurance - Dates Of Coverage** Description: Liability insurance was not updated, current and provided to The Department for accurate coverage dates	Update: Liability Insurance Provide All written documentation To Department	1/10/2026	
2	251.04(2)(k) **License Posted & Visible** Description: License was not posted or visible in childcare center	print out License and Place Them on parent Board In front enterance	~~12/12/25~~ 12/12/25	

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3	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1 & 7 did not have an enrollment form completed in file for review Child 2 did not have authorizations completed on enrollment form Child 2,3 & 6 did not have physician information listed on enrollment form Child 7 did not have a first day of attendance date listed on enrollment form Repeat violation: Previously cited on 8/19/2025	Go through each childs file to make sure All Necessary Document are complete Enrollment forms Authorization Physician Form Assure every childs Document has a start date	1/10/25	
4	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 2 & 4 did not have immunization records or documentation in file for review Repeat violation: Previously cited on 8/19/2025	Overview! Child 2+4 file. Make sure To Request Immunization from Parents To complete file with any other missing Documents	1/10/25	
5	251.05(2)(a)1. ***Staff Record - Personal Information*** *Description: Staff A & B did not have a complete staff record / application in file for review*	Have staff complete application / put in Active file	1/10/25	

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6	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A & B did not have a complete health report in file for review	Collect Health Report from staff and place In Employee folder/file	1/10/25	
7	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff B did not have a registry certificate available in file for review	Will Instruct Staff To Go to the Childcare Registry To Print All Certificate To Be placed In file	1/10/26	
8	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff A or B did not have a orientation complete in file for review Repeat violation: Previously cited on 8/19/2025	complete an orientation paperwork and place them In file	12/20/2025	
9	251.05(3)(b) ***Abusive Head Trauma Prevention Training*** *Description: Staff B did not have a AHT certificate or documentation in file for review*	Staff B was Given Information on were to Take AHT class To complete. Once finish will place Certificate In file	12/30/25	

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10	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff A & B did not have a CPR certificate or documentation in file for review	Gave Staff A & B Information on where they can take Necessary CPR class Must Be completed and Certificate should Hand in	12/30/25	
11	251.06(2)(b) **Electrical Or Hot Surface Protection** Description: Electrical outlets were exposed- without guards and accessible to children in care Repeat violation: Previously cited on 8/19/2025	Check All outlets and Cover them with guards	12/11/2025	
12	251.06(9)(d)1.c. **Food Storage - Cold Storage Thermometers** Description: Freezer thermometer was not visible to read accurate temperature	Place freezer thermometer In the front of freezer To Be visible	12/11/2025	
13	251.09(1)(am) **Infant & Toddler - Intake Information** Description: Child 5 did not have a complete intake for children under 2 form complete in file for review	Check child 5 file and have Parent complete under 2 paperwork	12/26/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
14	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: Child 1, 5 & 7 did not have 3-month updates documented on intake form	Update: Child 1, 5, + 7 3 month documention with any milestones	12/12/2025	

NAME - *Agency Worker*
Tiarra Trammell

Date Issued
1/7/2026

SIGNATURE - ~~Certified Operator or Designee~~ / Licensee or Designee

Date Signed
1/12/2026