Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/29/2026		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
Michelle's Motherly Hands Childcare Llc	3000588003 / 002 - 2004007

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2664 N 38Th St Milwaukee WI 532102501	414-885-2324	9/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 8/20/2026, 5/20/2025, 2/21/2025	Fingerprints to be completed by 9/29/2026 Set for 9:50 AM on 9/16/2026	9/16/2026	

NAME - Agency Worker
Kimberly Pahlow-Anderson

Date Issued
9/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Michelle Rodgers

Date Signed
9/15/2026

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STAFF IDENTIFICATION KEY
CONFIDENTIAL INFORMATION - DO NOT POST

Use of form: Use of this form is voluntary, however, because Noncompliance Statements and Correction Plans are posted on the Child Care Finder website, a key must be used to protect the confidentiality of children and staff name for noncompliance statements and other documents.

Instructions - Licensed programs: Noncompliance Statement and Correction Plan (DCF-F-CFS0294-E) and enforcement action documents must be posted next to the license certificate. However, this identification key contains confidential information, and **must not be posted** next to those documents. Post the attached document as required and keep this identification key on file for reference purposes.

Instructions - Certified programs: Noncompliance Statement and Corretion Plan (DCF-F-CFS-2094-E) are not required to be posted next to the certificate. If you choose to post your Noncompliance Statement and Correction Plans, do not post this document. It contains confidential information and should be kept on file for reference purposes.

Name - Facility / Program	Facility ID / Provider Number	Date
Michelle's Motherly Hands Childcare Llc	2004007 / 3000588003-002	9/14/2026

Form completed as attachment to ☑ Noncompliance Document

STAFF / FAMILY MEMBER / OTHER ADULT

ID	NAME	POSITION
001	Michelle Rodgers	Applicant/Licensee, Director