

<b>Date Correction Plan Due</b> 9/4/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Tomicas Greatest Love Of All Cc		<b>Provider Number / Facility ID Number</b> 2000587812 / 001 - 2006915		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2765 N 34Th St Milwaukee WI 532102518		<b>Telephone Number</b> 414-349-5267	<b>Date - Regulation Visit</b> 8/19/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.05(2)(d)1.b. <b>Staff File - Physical Examination - Physical Ability</b>  Description: Staff B did not have documentation on file that states they are physically able to work with young children.	Obtain actual physical form from doctors office	awaiting for pick up	
2	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: Staff A did not have a current CPR certificate on file. The certificate on file expired in June 2025.	Class taken on 8/23/25	8/23/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Tomicas Greatest Love Of All Cc		2000587812 / 001 - 2006915		
Address - Facility (Street, City, State, Zip Code) 2765 N 34Th St Milwaukee WI 532102518		Telephone Number 414-349-5267	Date - Regulation Visit 8/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Staff A did not have a current Child Abuse and Neglect training on file; the one on file expired in January 2025.	Class taken 8/19/25	8/19/25	
4	250.06(2)(k) <b>Deteriorating Or Toxic Paint</b>  Description: There was chipping paint on the outside of the house in the outdoor play space which was accessible to children.	Paint fixed 8/23/25	8/23/25	
5	250.07(3)(a)5. <b>Play Equipment - Manufacturer Instructions And Recommendations</b>  Description: At the time of the licensing visit, a bouncer seat was not being used in accordance with manufacturer's instructions/recommendations. A child was in the bouncer seat but not strapped in for safety.	Make sure bouncer is fastened when in use.	8/19/25	
6	250.09(3)(b) <b>Infant &amp; Toddler - Food &amp; Formula Brought From Home</b>  Description: There was a container of opened formula that was not labeled with the child's name or with the date it was opened.	Name and date placed on formula.	8/19/25	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Tomicas Greatest Love Of All Cc

2000587812 / 001 - 2006915

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

2765 N 34Th St Milwaukee WI 532102518

414-349-5267

8/19/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

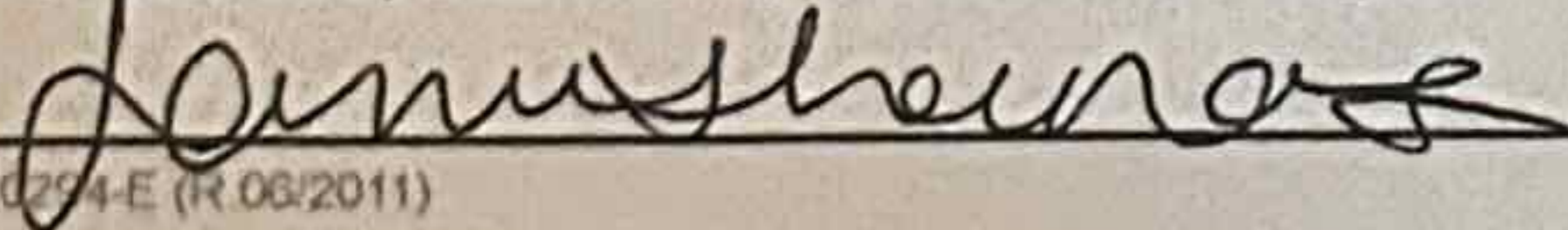
Verification  
Date

NAME - Agency Worker  
Katrina Tarantino, Kristin Lange

Date Issued  
8/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/2/25

# BASIC LIFE SUPPORT

**BLS  
Provider**



**American  
Heart  
Association.**

**Tomica Thomas**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.**

**Issue Date**

8/23/2025

**Renew By**

08/2027

**Training Center Name**

Advanced Professional Healthcare Education, LLC

**Instructor Name**

Mary Fisher

**Training Center ID**

WI20939

**Instructor ID**

03091248736

**Training Center City, State**

Delafield, WI

**eCard Code**

265414826409

**Training Center Phone  
Number**

(262) 233-0133

**QR Code**



**Training Site Name**

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).  
© 2023 American Heart Association. All rights reserved. 20-3001 R3/23

# **CERTIFICATE OF COMPLETION**

*This certifies that*

**Tomica Thomas**

*has successfully completed*

**Mandated Reporter Online Training**

8/19/2025





