

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**Date Correction Plan Due**  
8/22/2024

**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 Mother's Touch Family Childcare

7000591577 / 001 - 2006777

**Address - Facility (Street, City, State, Zip Code)**  
8647 W Appleton Ave Milwaukee WI 532254228

**Telephone Number**  
414-810-4750

**Date - Regulation Visit**  
8/9/2024

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b></p> <p>Description: Child A or B were not signed in or out for whole week</p>	<p>Provider will sign in and out each kid at the time they arrive and leave daily.</p>		
<p>2 250.05(2)(c) <b>Staff File - Days, Hours Worked</b></p> <p>Description: Provider A did not have hours documented on attendance record or any other form for accuracy of hours worked.</p>	<p>Provider will document all hours worked daily.</p>		

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Provider A does not have any current CPR training completed.	Provider will attend class on Aug. 24 to obtain certification.		
4 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Provider A does not have any current CPR training completed.	Provider will attend class on Aug. 24 to obtain certification.		

NAME - Agency Worker  
Tierra Trammell

Date Issued  
8/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/16/24