

Date Correction Plan Due
10/24/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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 M And M Early Childhood Ed
Provider Number / Facility ID Number 6000589686 / 001

Address - Facility (Street, City, State, Zip Code) 6561 N Landers St Milwaukee WI 532235768
Telephone Number 414-699-9423
Date - Regulation Visit 10/8/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(2)(am)1. A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats. Description: The operator was not able to locate the carbon monoxide detector in the basement	I Found the carbon monoxide alarm and it is now placed in the basement and working	10-14-2025	
2	202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats. Description: The operator was not able to locate the smoke detector in the basement	Basement has a smoke detector and is working now	10-14-2025	

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

6561 N Landers St Milwaukee WI 532235768

Telephone Number

414-699-9423

Date - Regulation Visit

10/8/2025

**Rule/Statute Number
Noncompliance Statement**

Correction Plan

**Expected
Completion Date**

**Verification
Date**

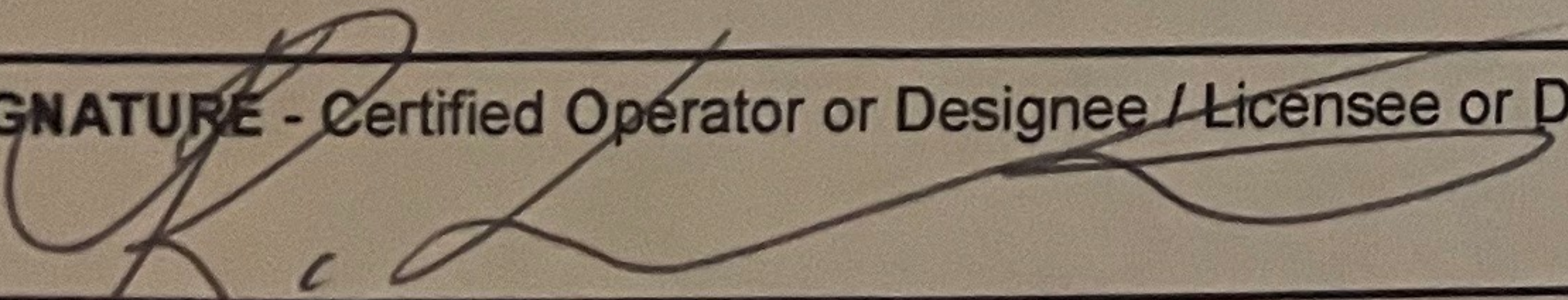
NAME - Agency Worker

Lou Thao

Date Issued

10/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10-21-2025