

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
4/28/2025

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

A Mothers Touch Lic

Provider Number / Facility ID Number

0000592100 / 001 - 2007304

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

6523 W Fond Du Lac Ave Milwaukee WI 532184970

Telephone Number

414-210-3742

Date - Regulation Visit

4/16/2025

**Rule/Statute Number
Noncompliance Statement**

Correction Plan

**Expected
Completion Date**

**Verification
Date**

1

251.05(3)(gr)3.a.
Meal Prep Personnel - Training

Description: Staff did not have any documentation of completed requirements for meal prep during monitoring visit.

All staff have been trained in food handling and in service was done to ensure that safe serve is taking place.

4/21/2025

2

251.06(2)(d)
Access To Materials Potentially Harmful To Children

Description: Knives were observed and accessible to children in kitchen area in drying rack.

In service was completed and staff have been made aware of properly storing aware knives and any other harmful materials

4/21/2025

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
A Mothers Touch Lic		0000592100 / 001 - 2007304	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
6523 W Fond Du Lac Ave Milwaukee WI 532184970		414-210-3742	4/16/2025
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
Verification Date			
3	<p>251.06(4)(j)1. Fire Alarms & Smoke Detectors - Installation Description: Smoke Detector in kitchen area was not operable and needed to be serviced during monitoring visit</p>	<p>Fire alarm and smoke detector will be tested and serviced to ensure proper functioning.</p>	4/23/2025
4	<p>251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Thermometers in refrigerator and freezer was not operable to observe reading of temperature during monitoring visit.</p>	<p>Thermometers in refrigerator and freezer have been replaced and tested to ensure they both are working.</p>	4/21/2025

Date Issued
4/21/2025

Date Signed

4/22/2025

NAME - Agency Worker
Tierra Trammell

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Handwritten signature