

FAX

A Mother's Heart Learning Center

1700 S 60th Street
West Allis, WI 53214
414.377-8007 (office)
414.377.8888 (fax)

amhlearningcenter@gmail.com



TO: Allison Nyren
FAX #: 262-446-7991
DATE: 6/19/2022

FROM: LeTrisha Daniel
FAX #: 414-377-8388
OF PAGES: (including coversheet)

MESSAGE:

Good morning Allison,
Here's a signed copy of my
recent Noncompliance Statement
and correction plan.

Thank you,

LeTrisha Daniel

LeTrisha Daniel

% A Mother's Heart Learning Center

Date Correction Plan Due 5/25/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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)(i) and (3)(f), DCF 252.41(1)(i) 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center A Mother's Heart Learning Ctr Llc		Provider Number / Facility ID Number 6000569486 / 002 - 2004820	
Address - Facility (Street, City, State, Zip Code) 1700 S 60Th St West Allis WI 532145133		Telephone Number 414-377-8007	
Date - Regulation Visit 5/10/2022			
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.055(2)(b) Staff-To-Child Ratios - Minimum Description: The facility had 2 staff unable to make it today. Teacher A was over student capacity by 2. They had additional staff coming in for lunch time.	we will try as much as possible to secure backup teachers to assist in the event of an emergency.	ongoing	

NAME - Certification Worker / Licensing Specialist Allison Nyren	Date Issued 5/11/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed 5/12/2022