

<b>Date Correction Plan Due</b> 11/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(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>		<b>Provider Number / Facility ID Number</b>		
Mommy Dearest Children Center Llc		4000574474 / 001 - 1013402		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
4006 W Burleigh St Milwaukee WI 532101817		414-539-3985	10/24/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)4.a. <b>Staff Record - Registry Certificate</b>  Description: Staff file reviewed did not include a required Registry Certificate  Repeat violation: Previously cited on 11/6/2023	<i>Registry placed in file</i>	<i>11-5-25</i>	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff file did not include required training documentation	<i>training documents placed in file</i>	<i>11-5-25</i>	

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Rule/Statute Number	Noncompliance Statement			
3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff file did not include required CPR certification	CPR placed in file 10-25-25	10-25-25	
4	251.06(2)(a) <b>Potential Source Of Harm On Premises</b>  Description: Rusty screw protruding from fence in outdoor play area	hammerd back into fence	11-5-25	
5	251.06(9)(d)1.b. <b>Food Storage - Refrigeration Units</b>  Description: Center refrigerator indicated a temperature of 50 degree	changed out temperture	11-5-25	
6	251.06(9)(d)2.a. <b>Food Storage - Dry Food</b>  Description: Crackers, chips and ice cream comes not stored in food safe containers or zip style bags as required by rule  Repeat violation: Previously cited on 12/13/2024	Placed in Zip lock Bags 10-25-25	10-25-25	

NAME - Agency Worker  
Paul Spink

Date Issued  
10/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11-5-25