

Date Correction Plan Due
6/27/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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

All My Children Lrng Academy II LLC

Provider Number / Facility ID Number

1000588891 / 001 - 2002878

Address - Facility (Street, City, State, Zip Code)
5148 N Teutonia Ave Milwaukee WI 532095500

Telephone Number
414-249-3897

Date - Regulation Visit
6/10/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)6. Child Record - Health History</p> <p>Description: Child 4 has a documented medical condition, however there is no information about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.</p>	<p><i>I will carefully observe new and old forms submitted by parents</i></p>	<p><i>6/16/24</i></p>	
<p>2 251.06(2)(a) Potential Source Of Harm On Premises</p> <p>Description: A bucket of scissors and a stapler next to toys in the infant room were accessible to children during the visit. This was corrected during the visit and removed and placed out of reach.</p>	<p><i>Corrected during visit</i></p>	<p><i>6/10/24</i></p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(3)(i) Cleanliness Of Furnishings, Toys, Equipment Description: High chairs in the infant room were observed with peeling vinyl making the high chairs not easily cleanable.	Replace High chairs	6/18/24	

NAME - Agency Worker
Daniel Noel, Kristin Keck

Date Issued
6/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Daniel Noel

6-17-24