

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
6/11/2026

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
5/7/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)2. Staff Record - Completed Background Check</p> <p>Description: Staff A who was working at the time of the visit does not have an eligibility letter on file.</p> <p>*This was corrected on the day of the visit.</p> <p>Repeat violation: Previously cited on 2/20/2026, 2/21/2025, 8/20/2024</p>	<p>Staff does have a eligibility letter on file. I insured that ALL staff will have eligibility letters Before they start.</p>	<p>5-7-2026</p>	

NAME - Agency Worker
Sara Cooney

Date Issued
5/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tamina Kasee

Date Signed
5-28-26