Date Correction Plan Due 8/13/2026	**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		**Provider Number / Facility ID Number**	
All My Children Lrng Academy Ii Llc		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** 7/8/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(4)(a)2.c. **Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication** Description: A parent was not immediately notified when a child hit their head. The incident happened around 2:30pm and an attempt to call mom wasn't until 4:19pm.	I will ensure that all parents are notified Immediately when any situation occures.	7-8-26	
2	251.04(6)(a)6. **Child Record - Health History** Description: The health history for Child #1 is incomplete. A medical condition is listed but there is no required information for triggers that may cause problems, when to notify parents and when to seek emergency medical care.	I will double check all Medical conditions and insure all information is accurate.	7-8-26	

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3	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: Scratches were observed on a child after he had a tantrum. These injuries were not documented in the medical log book.	Trained staff on what to do when a child is injured.	7-8-2026	

NAME - Agency Worker
Sara Cooney, Maureen Slatten

Date Issued
7/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tarina Kazee

Date Signed
7-31-2026