

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
5/13/2026

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	
Alphabet Corner Mke		4000590964 / 001 - 2006118	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
312 N 36Th St Milwaukee WI 532084111		414-509-7163	4/21/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Child #2 has an incomplete health history form. The file indicates a food allergy but there is no information about signs and symptoms, steps to follow, when to call parents and when to seek emergency medical help.	mom completed health history form	4/23/26	
2 250.05(2)(c) Staff File - Days, Hours Worked Description: There are no staff hours documented for 4/15/26, 4/20/26 and 4/21/26.	forms filled out	4/23/26	

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3 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A does not have current training in CPR/AED.	Completed with cad case	1/27/17	3/24/26 1/27/17
4 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A does not have current training in Child Abuse and Neglect. Repeat violation: Previously cited on 4/1/2025	Completed and submitted the form verified on registry	4/21/26	4/21/26
5 250.06(2)(e) Potential Source Of Harm On Premises Description: There is a loose TV cord hanging from the TV accessible to children. Loose cords pose a strangulation hazard.		5/01/26	5/01/26

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NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
4/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/29/2026