

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	
St Ann Ctr Intergenerational Care		1000566171 / 008 - 2002491	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
2450 W North Ave Milwaukee WI 532051001		414-210-2468	
Rule/Statute Number		Correction Plan	
Noncompliance Statement		Expected Completion Date	
1 251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: A parent was not immediately notified after a child's head injury that resulted in a facial bruise.		05/23/2025 All teachers were retrained on incident reporting and incident reporting regulations per DCF guidelines as part of an 8 session training series. Specific Teacher was moved into an assistant teacher position for more supervision and training in the classroom setting.	
2 251.07(6)(a) Observation - Symptoms Of Illness Description: Staff failed to observe a child for injuries upon arrival.		05/23/2025 All teachers were retrained on wellness checks and CPS reporting steps per DCF guidelines, as part of an 8 session training series. Specific Teacher was coached on the importance of wellness checks and began progressive disciplinary action plan.	
Verification Date			
10/27/2025			

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St Ann Ctr Intergenerational Care

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2450 W North Ave Milwaukee WI 532051001

Telephone Number
414-210-2468

Date - Regulation Visit
5/12/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(dm)3.b. Medical Log - Injury In Care Description: A child's head injury was not logged in the medical log book on the day the injury occurred.	All teachers were retrained on incident reporting and incident reporting regulations per DCF guidelines. Additionally all staff were also retrained on DCF guidelines for documenting and what is considered active supervision. as part of an 8 session training series.	July 2025	10/27/2025

NAME - Agency Worker
Crescenta Sabree, Tisha Harrell

Date Issued
12/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/18/25

DCF-F-CF802941E (R.06/2011)