Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
11/30/2023	PLAN	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 Provid			er Number / Facility ID Number			
St A	St Ann Ctr - Intergenerational Care 1000566171 / 004 - 1000449					
Address - Facility (Street, City, State, Zip Code) 2801 E Morgan Ave Milwaukee WI 53207		Telephone Number 414-977-5000	Date - Regulation Visit 11/6/2023			
						Rule/Statute Number
	Noncompliance Statement		Completion Date	Date		
1	251.06(2)(m) Cleaning Aids - Equipment	When not in use, mop bucket will be stored in the staff	1 /			
	Description: Mop bucket with dirty water was observed in the hallway accessible to children. Mop bucket was not emptied and stored inaccessible to children in care.	bathroom behind closed doors. Staff will retrieve mop bucket as needed and replace it back in this location after use.	11/16/23			
2	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Entries in the medical log book were not all signed/initialed by the person making the entry. Lines were skipped in the medical log book in one infant room.	Incomplete entries will be edited or rewrittento include initials of persons Making entries. Skipped lines will be corrected by Making a line through blank space. Staff will be retrained on correct method of lone entries.	11/16/23			

lan	ne - Certified Operator / Licensed Center	Provider Number / Facility ID Number			
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2801 E Morgan Ave Milwaukee WI 53207		414-977-5000	11/6/2023		
	Rule/Statute Number	Correction Plan	Expected	Verification	
	Noncompliance Statement		Completion Date	Date	
	251.09(3)(a)2.	lument staff meeting held for 1			
	Infant & Toddler - Food & Formula Brought From Home	tenchers in Infant-class room			
	Barriellan Familia (Marie La La Carte L	on 11/116/23 Provedures for	1 1		
	Description: Formula/bottles brought from home were only labeled with the Child s name and not dated.	proper labeling of hottes.	11/11/12		
	Rice cereal and puffs that were opened was not dated with the date	Formula rice cereal puffs	11/10/00		
	of opening. Manufacturers label reads □use within 14 days of	habitand etc ins reviewed	/ '		
	opening□.	ALL fame project from home will			
	Barrat delation Barriage at the 5/44/2000	have name seate written on			
	Repeat violation: Previously cited on 5/11/2022	as child is dropped of the center			
		provided foods will be labeled with			
date they were opened and discarded.			rded.		
		according to manufacturing la	abel		

NAME - Agency Worker
Mindi Sabljak

SIGNATURE Certified Operator or Designee/ Licensee or Designee

Date Issued
11/13/2023

Date Signed

11/20/23

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