

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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. Anthony Preschool And Daycare		3000587323 / 002 - 2001061		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1644 S 9Th St Milwaukee WI 532043426		414-212-8199	5/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(i) Deteriorating Paint Description: Deteriorating paint observed along baseboards in the Butterfly classroom,	All classrooms inspected and painted by SAS maintance.	5/30/25	
2	251.06(2)(n) Garbage Containers - Construction & Disposal Schedule Description: Garbage can in K2 Monkey room not covered as required by rule	New Covered garbagees will be ordered for all classrooms	6/30/25	

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Address - Facility (Street, City, State, Zip Code) 1644 S 9Th St Milwaukee WI 532043426		Telephone Number 414-212-8199	Date - Regulation Visit 5/6/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(9)(d)2.a. Food Storage - Dry Food Description: Cereal stored open in original container in Frog classroom not in food safe plastic or zip style bags as required by rule Repeat violation: Previously cited on 5/28/2024	Food has been placed in ziplocks. Teachers have been retrained in 251.06(9)(d)2.a.	5/16/25	
4 251.07(6)(dm)3.c Medical Log - Medication Administration Description: Medication administration entered on certified form rather than in medical log book as required by	Certified form removed from binder and 251.07(6)(dm)3 has been highlighted for staff.	5/16/25	
5 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Medication authorization lacked proper dosage instructions and intervals of use as required by rule Repeat violation: Previously cited on 5/28/2024	All forms and medications have been check and forms have been fixed. Copy of DCF rule is now attached to medicine binder.	5/16/25	

NAME - Agency Worker
Paul Spink

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed