

Date Correction Plan Due 8/6/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> St. Anthony Preschool And Daycare		<b>Provider Number / Facility ID Number</b> 3000587323 / 002 - 2001061		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1644 S 9Th St Milwaukee WI 532043426		<b>Telephone Number</b> 414-212-8199	<b>Date - Regulation Visit</b> 5/14/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) <b>Report - Incident Or Accident</b>  Description: Center failed to report an incident which resulted in a broken arm to DCF as required by rule	All Staff was trained on med log entries and parent communication as to when to contact. New document for parents have been implemented	7/23/25	7/23/25
2	251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b>  Description: No medical log entry was ever created to document a playground fall which resulted in a broken arm May 5th, 2025.	All Staff was retrained on how to enter injuries into the Med log. All classrooms were also given a med log to carry with them at all times.	7/23/25	7/23/25

**NAME - Agency Worker**  
Paul Spink

**Date Issued**  
7/23/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

7/23/25