

Date Correction Plan Due 3/26/2026	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 report the requirements of DCF 202.065, DCF 250.04(2)(i) and (2)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(c). 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. Bring 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. 48.057. 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 Anne's Childrens House Llc		Provider Number / Facility ID Number 3000589413 / 001 - 2003787		
Address - Facility (Street, City, State, Zip Code) 6910 W Brown Deer Rd Milwaukee WI 532232104		Telephone Number 414-206-0362	Date - Regulation Visit 3/10/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child enrollment form was submitted blank and without signatures	<i>Make sure all enrollment paperwork is completed/signed before start date</i>	<i>03/13/2026</i>	<i>3/16/2026</i>
2	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child form lacked signed consent for treatment	<i>Make sure all enrollment documents are signed prior to child's 1st day.</i>	<i>3/13/2026</i>	<i>03/16/2026</i>

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3	251.04(6)(a)6. Child Record - Health History Description: Child health history form submitted blank and without signature	Make sure all enrollment documents are completed/signed prior to child's start date	3/13/2026	3/16/2026
4	251.06(2)(a) Potential Source Of Harm On Premises Description: Screws observed extending out of wall and the level of infants heads above toys	When wall objects are broken/destroyed remove all debris and other fragments from wall	3/13/2026	3/16/2026
5	251.06(2)(b) Electrical Or Hot Surface Protection Description: Outlet uncovered in preschool classroom	Make sure center has a consistent process. All plugs need to be covered and outlets. If removed then it needs to be placed back in safety standard	3/13/2026	3/16/2026
6	251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: Infant intake not in room where child #1 was being provided care	Make sure documents are completed and placed in designated area prior to child's 1st day. Intakes should be wherever child is	3/13/2026	3/16/2026

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251.09(2)(bm)
infant & Toddler - Sleep Position

Description: Infants observed asleep in bouncers in infant room

Update training for
teachers working in infant area.
If children are asleep they
need to be placed in assigned
baby cribs. Bouncers are
not alternatives

03/16/2026

03/17/2026

NAME - Agency Worker

Paul Spink

Date Issued

3/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



03/12/2026