

JUN 03 2026

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| Date Correction Plan Due 6/2/2026 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL SOUTHEASTERN REGIONAL OFFICE 262-446-7800 DCF DECE BECR |
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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.

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| Name - Certified Operator / Licensed Center Ann's I Care Kids Care | Provider Number / Facility ID Number 0000562160 / 002 - 1009789 |
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| Address - Facility (Street, City, State, Zip Code) 4335 N 49Th St Milwaukee WI 53216 | Telephone Number 414-444-7600 | Date - Regulation Visit 5/5/2026 |
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| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|-------------------------------------|------------------------------|
| 1 | 250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 3 does not have immunization history on file and has been attending the center for more than 30 days. Repeat violation: Previously cited on 6/12/2025 | Mom bought record But on new enroll ments will need documentatio 30 days prior to enroll | 30 days prior to enrollment | |
| 2 | 250.05(2)(c) Staff File - Days, Hours Worked Description: Staff are not consistently documenting hours worked when used to meet staff-to-child ratio. On 5/1/26, staff hours are not documented when children are in care. And on 4/10/26 and 3/20/26, staff signed in but did not sign out. | As soon as shifts are changed will make sure all sign in and sign out sheets are signed | 6-1-26 | |

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| 3 | 250.05(3)(b) Provider - Entry-Level Training Description: Staff B does not have documentation of completing entry level training requirements to provide sole supervision. | Classes are Full with check back for openings IN June 2026 | Aug 2026 | |
| 4 | 250.055(1)(e) Supervision Provided By Trained Individuals Description: A review of attendance records and staff hours show, Staff B has been providing sole supervision to children. Staff B does not have the training requirements in order to provide sole supervision. | As the provider I will not leave her alone until class is completed | Aug 2026 | |
| 5 | 250.06(2)(e) Potential Source Of Harm On Premises Description: Loose cords were observed in the living room, accessible to children. | Removed cord on May 5 2026 | May 5 2026 | |
| 6 | 250.06(2)(m) Premises - Condition & Repair Description: In the outdoor play space, the side door leading into the garage, which is accessible to children, is not in good condition. The wood on the door is deteriorating/breaking apart. | Will take care of door by July 31st | July 31st 2026 | |

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NAME - Agency Worker
Kristin Lange, Sara Cooney

Date Issued
5/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Maura Parker

5-22-26