

### NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due  
3/12/2025

**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction. Appropriate. This form is used by certified operators / licensed centers to meet the requirements of DCF 201.205, DCF 201.242(2) and (3)(b), DCF 201.242(3) and (3)(c), DCF 201.41-113.1 and (2)(b). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions described in the statute and / or administrative rule. Major sanctions may include 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.

Provider Number / Facility ID Number 4000586234 / 001 - 2000008			
Date - Regulation Visit 3/31/2025			
Name - Certified Operator / Licensed Center Ann's Quality Care And Teaching			
Address - Facility (Street, City, State, Zip Code) 4607 N 51st Blvd Milwaukee WI 532185105			
Telephone Number 414-536-0113			
Correction Plan			
1	Rule/Statute Number Noncompliance Statement 250.04(2)(c) <b>Current, Accurate Information</b>  Description: The licensee failed to ensure that all information provided to the department is current and accurate when falsified Vehicle Safety Inspection forms were submitted to the department.	Expected Completion Date	Verification Date
	<i>The 5<sup>th</sup></i>		
2	Rule/Statute Number Noncompliance Statement 250.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b>  Description: The licensee failed to obtain a copy of her driving record annually. The licensee's driving record was completed on 2/20/24 and the next one was not completed until 3/6/25.  Repeat violation: Previously cited on 2/20/2024	3-31-2025	3-31-2025
<i>Will print on Time Sheet</i>			

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3	Rule/Statute Number Noncompliance Statement 250.08(5)(b) <b>Vehicle Inspection Form</b>  Description: The licensee failed to provide the department with evidence of a vehicle's safe operating condition on a form provided by the department at 12-month intervals.  Repeat violation: Previously cited on 2/20/2024	Expected Completion Date	Verification Date
	<i>The 5<sup>th</sup></i>		

NAME - Agency Worker  
Maureen Slatten

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued  
5/28/2025

Date Signed  
*6-8-2025*