

Date Correction Plan Due 4/11/2025	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 Santos Family Child Care	Provider Number / Facility ID Number 9000591479 / 001 - 2006662
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Address - Facility (Street, City, State, Zip Code) 2912 S 105Th St West Allis WI 53227	Telephone Number 414-885-7114	Date - Regulation Visit 3/18/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #2 and child #3 did not have documentation of a completed health report on file.	Ya le di la forma a los papas para que lo llenen y lo traigan (a los menores de 2 años)	04/07/25	
2	250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff B did not have a completed health report with TB testing.	Ya Dalila Rosado tiene cita para su examen fisico	04/07/25	

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3	250.05(4)(a) Staff Orientation - Documentation Description: Staff B did nto have a completed orientation form on file.	Ya Dalia Rozado completo la forma de orientacion	04/07/25
4	250.06(4)(a)1. Smoke Detectors Description: The smoke detector in the basement was chirping and was not working properly.	Era las baterias Pero ya le puse nuevas baterias	04/07/25

NAME - Agency Worker
Joel Marquez

Date Issued
3/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Joel Santos

04/07/25