Date Correction Plan Due 7/20/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 262-446-7800

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		Provider Number / Facility ID Number	
Sisters Loving Arms Childcare		2000593452 / 001 - 2008470	
Address - Facility (Street, City, State, Zip Code) 1329 N Hawley Rd Milwaukee WI 532082110		**Telephone Number** 414-552-0026	**Date - Regulation Visit** 7/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: Emergency contact information was missing for child 7.	Parent of child 7 was notified of missing info. This information was provided and entered on form.	7/9/2026	
2	250.04(6)(a)1.f **Child Record - Enrollment Information - Medical Contact** Description: Medical contact information was missing for child 2 and child 7.	Parent of child 2 and 7 was notified of miss info. This information was provided and entered on form.	7/9/2026	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.04(6)(a)1m. **Child Record - Health History** Description: There was not a health history form on file for child 2 and child 7.	Parent of child 2 and 7 was notified of missing info. The missing info has been updated to form.	7/9/2026	
4 250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 8 did not have an immunization record available in the file for review.	The parent of child 8 has been notified of the missing info. was also given 30days to get this info or child will be unenrolled	8/3/2026	
5 250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff B did not have CAN training documentation available in the file for review at the time of the monitoring visit.	Staff B has completed the CAN training course.	7/9/2026	

NAME - Agency Worker
Dominica Shaw

Date Issued
7/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Shirley Neupane

Date Signed
07/13/2026