

Date Correction Plan Due 3/20/2026	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 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 Casa De Corazon - Shorewood		Provider Number / Facility ID Number 7000 89897 / 001 - 2004669		
Address - Facility (Street, City, State, Zip Code) 4114 N Oakland Ave Shorewood WI 532112024		Telephone Number 414-212-8965	Date - Regulation Visit 3/4/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: The enrollment form for child #1 and #7 were incomplete.	The documents will be reviewed with the families so that the required sections can be completed.	3/6/2026	
2	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The pages in the medical log book were skipped.	Teachers will be asked to review the corresponding sections so they can be completed as indicated.	3/5/2026	
3	251.09(1)(am)6. Infant & Toddler Intake - Developmental & Health History Description: Infant A room had a couple of intake under two forms that were not updated every three months as required.	The documents were reviewed so they could receive the appropriate updates from families and teachers.	3/9/2026	

SIGNATURE - Certified Operator or Designee / Licensee or Designee

John M. Ryan, Center Director

Date Signed

3/19/26