

Date Correction Plan Due 4/29/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
--	--	---------------------------------

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 Shalom Family Child Care		Provider Number / Facility ID Number 5000 92305 / 001 - 2007490		
Address - Facility (Street, City, State, Zip Code) 1439 S 33Rd St Milwaukee WI 532151801		Telephone Number 414-534-1581	Date - Regulation Visit 3/26/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care.4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: Child #2 was missing emergency contact on the enrollment and health history information.	202.08(12)(f)1-4 The missing emergency contact information for Child #2 has been added, as has the missing parent signature; these were immediately added to both the enrollment form and the health record. I will be more vigilant in the future, reviewing each child's file at least once a week to ensure that everything is in order.	03-27-2026	

Name - Certified Operator / Licensed Center Shalom Family Child Care		Provider Number / Facility ID Number 5000 92305 / 001 - 2007490		
Address - Facility (Street, City, State, Zip Code) 1439 S 33Rd St Milwaukee WI 532151801		Telephone Number 414-534-1581	Date - Regulation Visit 3/26/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(1m)(c) A Certified Family Child Care Operator Shall Submit A Completed Background Check Request Form To The Department Or Certification Agency For Each Potential Household Member Age 10 Or Older Prior To The Date On Which The Person Becomes A Household Member.</p> <p>Description: A household member background check was not completed.</p>	<p>202.08(1m)(c)</p> <p>The process of adding the missing name of a household member.</p> <p>to the portal has been initiated immediately, as has the background verification process for the corresponding household member; furthermore, the required request has been—or will be—sent to the certifying department or agency.</p> <p>I will maintain a tracking log of all requests regarding my family to ensure that every process is completed in a timely manner and in compliance with the regulation.</p>	<p>03-27-2026.</p> <p>04-17-2026.</p>	
3	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: There was a heater electrical cord accessible to children during the monitoring visit.</p>	<p>202.08(2)(c)</p> <p>The heater was immediately removed from its location and placed out of the reach of children. With the heater situated atop the table, I perceived no danger that would put any of the three children present at risk, since—firstly—it was not their designated area, and—secondly—they did not have access to that area.</p>	<p>03-26-2026.</p>	

NAME - Agency Worker
Lou Thao

Date Issued
4/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee LIBERKY H CRIQUIT SANTIAGO

Date Signed