

|  |  |                                 |
|--|--|---------------------------------|
| <b>Date Correction Plan Due</b><br>3/24/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b> |
|--|--|---------------------------------|

**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.

| <b>Name - Certified Operator / Licensed Center</b><br>El Principito Family Day Care Llc   |   | <b>Provider Number / Facility ID Number</b><br>1000585441 / 001 |  |
|---|---|---|--|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2917 Holborn Cir Madison WI 537187928  |   | <b>Telephone Number</b><br>608-298-8310                         | <b>Date - Regulation Visit</b><br>3/7/2025 |
| Rule/Statute Number<br>Noncompliance Statement  | Correction Plan   | Expected Completion Date  | Verification Date                          |
| 1 202.08(2)(c)<br><b>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.</b><br><br>Description: Wax melts accessible in a drawer with no safety lock. Fragrance spray on shelf accessible to children.<br><br>Cera perfumada para derretir en un cajón sin cierre de seguridad. Spray de fragancia en estantería accesible para los niños. | El Cuadrante de Vela estaba en su propio paquete en el cajón de una alacena, los niños no tiene acceso a esa área, pero ya fue renovado inmediatamente el día de la visita. |   |  |

| Name - Certified Operator / Licensed Center  |   | Provider Number / Facility ID Number |                                     |
|--|---|--------------------------------------|-------------------------------------|
| El Principito Family Day Care Llc  |   | 1000585441 / 001                     |                                     |
| Address - Facility (Street, City, State, Zip Code)<br>2917 Holborn Cir Madison WI 537187928  |   | Telephone Number<br>608-298-8310     | Date - Regulation Visit<br>3/7/2025 |
| Rule/Statute Number<br>Noncompliance Statement   | Correction Plan   | Expected Completion Date             | Verification Date                   |
| <p>2 202.08(2)(g)<br/>Bathrooms, Including Toilets, Sinks, And Potty Chairs, Shall Be Clean And In Good Working Condition. Soap, Toilet Paper, Towels, And A Waste Paper Container Shall Be Provided In The Bathroom And Shall Be Accessible To Children.</p> <p>Description: Selsun Blue dandruff shampoo accessible to children in bathroom on lower shelf in bathtub area.</p> <p>Champú Selsun Blue anticaspa accesible a los niños en el baño, en un estante inferior del área de la banera.</p>  | <p>El Shampoo esta fuera de los niños y esta en una cortina que divide la banera y cortina. Siempre los niños nunca esta solo esta supervisado por un adulto en el baño. Ya fue renovado de ese lugar.</p>  |                                      |                                     |
| <p>3 202.08(4m)(e)1.-5.<br/>An Operator Shall Ensure That Each Provider, Volunteer, Substitute, And Emergency Back-Up Provider, Receives An Orientation Before Beginning Work That Covers The Following:<br/>1. The Names And Ages Of Children In Care.<br/>2. A Review Of Children's Records, Including Parent And Emergency Contact Information.<br/>3. Specific Information Relating To A Child's Special Health Care Needs, Including Administration Of Medications, Disabilities, Allergies, Or Other Special Health Conditions.<br/>4. A Review Of The Operator's Plan For Responding To Emergencies.<br/>5. A Review Of This Chapter.</p> <p>Description: Orientation not completed/on file for emergency back up provider.</p> <p>Orientación no completada/en archivo para el proveedor de respaldo de emergencia</p> | <p>Esa forma nunca me la habia proporcionado durante los años que he trabajado con los niños, hasta ahora que tuve la vista no tiene ningun conveniente. Me la enviaron por email en el folderse actualizara a la persona en contacto de Emergencia</p> |                                      |                                     |

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

El Principito Family Day Care Llc

1000585441 / 001

Address - Facility (Street, City, State, Zip Code)

2917 Holborn Cir Madison WI 537187928

Telephone Number

608-298-8310

Date - Regulation Visit

3/7/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

X

X

**SIGN  
HERE**



NAME - Agency Worker

Wanda Rodriguez

*[Handwritten Signature]*

Date Issued

3/10/2025

*4/12/25*

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed