Date Correction Plan Due 10/16/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 608-422-6785

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**	
Sumaq Wasi Bilingual Family Daycare Llc		6000590656 / 001 - 2006077	
Address - Facility (Street, City, State, Zip Code) 4609 Bunker Hill Ln Madison WI 537043217	**Telephone Number** 608-628-0697	**Date - Regulation Visit** 9/24/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.06(2)(m) **Premises - Condition & Repair** Description: The outdoor shed had a rotten wooden door accessible to children La casa de herramientas del patio tenia la puerta de madera podrida accesible a los ninos.	La puerta de la casa de herramientas fué reparada el día 10/4/2026 no se hizo antes porque hubiesn lluvias durante varios dias. Adyuntamos fotos.	**The door was repair on 10/04/26**	
2	250.07(6)(g)6. **Handwashing For Persons Working With Children** Description: The provider did not wash his hands and child's hands after cleaning child's runny nose. El proveedor no se lavó las manos ni la del nino despues de limpiar la nariz de un nino.	Se corrio el error y se este cumpliendo con el protocolo 9/24/2026	**It was corrected the same day and we would follow the protocol**	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sumaq Wasi Bilingual Family Daycare Llc		6000590656 / 001 - 2006077	
Address - Facility (Street, City, State, Zip Code) 4609 Bunker Hill Ln Madison WI 537043217	**Telephone Number** 608-628-0697	**Date - Regulation Visit** 9/24/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Luzdarys Marquez

Date Issued
10/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/05/2026