Date Correction Plan Due 8/24/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 608-422-6765

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**	
Young Hearts Childcare		9000591079 / 001 - 2006243	
Address - Facility (Street, City, State, Zip Code) 1362 Garfield Ave Beloit WI 535114121	**Telephone Number** 608-312-2155	**Date - Regulation Visit** 7/30/2026	

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.04(1)(a) **Licensed Capacity** Description: Licensed capacity for the center was exceeded when 11 children were in care and the maximum capacity is 8 children.	We will make sure that we only have 8 children in attendance at one time	8/27/26	
2	250.055(2)(b) **Maximum Number Of Children In Care Of The Provider** Description: The maximum number of children two providers may care for was exceeded by 3 children when two providers had 11 children in care.	We will make sure that we only have 8 children in attendance at one time	8/27/26	

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1362 Garfield Ave Beloit WI 535114121		608-312-2155	Date - Regulation Visit 7/30/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.055(2)(d) **Care Provided Above Or Below Ground Level** Description: Five children under age 2 were being cared for in an area below ground level when the maximum allowed is four children under age 2 with two providers.	We will have to unenroll one infant and replace them on the waiting list.	8/27/26	
4	250.06(2)(e) **Potential Source Of Harm On Premises** Description: The center was not free of hazards when the basement railing, used by children in care, was loose and not properly secured to the wall. Repeat violation: Previously cited on 1/7/2025	I have secured the railing to the wall so it is no longer loose.	8/27/26	
5	250.07(3)(g)1. **Furnishings - Table Space & Seating** Description: Table space and seating was not available for each child in care when children under age 2 were being fed one at a time using a child sized chair.	We have purchased a 4 seat high chair table for the 4 babies.	8/27/26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
8/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
A Quammen

Date Signed
8/27/26