DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/16/2026		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
Baby Elephants		4000590604 / 001 - 2005708
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1945 W Broadway Monona WI 537131603	608-283-9553	9/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(10)(dm)1. **Washrooms - Sanitary Conditions** Description: Children's bathrooms were not in a sanitary condition when the sinks were not clean. One toilet had fecal matter in the bowl and another toilet had urine. Los banos de los ninos no estaban en condiciones sanitarias cuando los inodoros tenían orine y heces.	Se revisaran mas Constamente los baños S Para permanecer limpios	9/25/2026	9/24/2026
2	251.06(10)(dm)2. **Potty Chairs - Disinfected** Description: The Potty chair was not empty, rinsed and disinfected after it was used. La bacinilla no se vacío, enjuago ni desinfecto despues de su uso	Se vaciara despues de Cada uso.	9/25/2026	9/24/2026

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Baby Elephants		4000590604 / 001 - 2005708	
Address - Facility (Street, City, State, Zip Code) 1945 W Broadway Monona WI 537131603	**Telephone Number** 608-283-9553	**Date - Regulation Visit** 9/24/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(10)(f) **Bathroom Supplies** Description: There was no toilet paper in the children's bathroom. No había papel higienico en el bano de los ninos.	Se dejara papel higieneco Todo el tiempo	9/25/2026	9/24/2026
4	251.06(9)(d)1.b. **Food Storage - Refrigeration Units** Description: The refrigeration unit did not have a thermometer. La nevera principal no tenía termómetro	El termometro estaba en una area. donde no estaba ala vista Si habia termometro	9/25/2026	9/24/2026
5	251.07(5)(b)5. **Eating Surfaces - Cleaned, Sanitized** Description: The lunch room eating surfaces were not washed and sanitized after lunch. La superficie del salón de las comidas no fue limpiado ni desinfectado despues del almuerzo.	Se limpiara al momento las superficies	9/25/2026	9/24/2026

Baby Elephants		Provider Number / Facility ID Number 4000590604 / 001 - 2005708	
Address - Facility (Street, City, State, Zip Code) 1945 W Broadway Monona WI 537131603	**Telephone Number** 608-283-9553	**Date - Regulation Visit** 9/24/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
6 251.09(1)(am)4. **Infant & Toddler Intake - Sleep Schedule** Description: Infants were not on individualized schedules when lights were turned off, lullabies were playing, and infants were observed in cribs despite not showing signals that they were tired. Los bebes no seguían sus propios horarios cuando se apagaron las luces, se puso música de dormir y los ninos fueron colocados en sus cunas sin tener senales de cansancio.	Se revisaran los Niños, si estan Cansados	9/25/2026	9/24/2026

NAME - Agency Worker
Luzdarys Marquez

Date Issued
10/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
09-25-2026