

Date Correction Plan Due 3/6/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Rayito De Luz		Provider Number / Facility ID Number 6000589176 / 001 - 2004619		
Address - Facility (Street, City, State, Zip Code) 6919 Old Sauk Ct Madison WI 537171126		Telephone Number 608-516-6142	Date - Regulation Visit 2/13/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.a. Monitoring Results Posted Description: The noncompliance statement was not posted. El incumplimiento no estaba publicado.	Por indicaciones de mi licenciada, Luz Davis, el incumplimiento deberá estar visible para los padres de familia. A partir de hoy, así se realizará. Se colocará la información en el mural de padres de familia. Gracias por su comprensión	Feb. 19. 2026	Feb. 19, 2026
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Providers did not have a current cardiopulmonary resuscitation certification. Las proveedoras no tenían un certificado actual de reanimación cardiopulmonar. Repeat violation: Previously cited on 3/21/2024	Mis proveedoras y yo entendemos que no contar con el certificado actualizado de reanimación cardiopulmonar constituye una violación. No habíamos encontrado disponibilidad en los cursos anteriormente. Sin embargo, ya estamos inscritas en el curso programado para el 21 de marzo de 2026. Muchas gracias.	Feb. 19 / 2026	Feb / 19 / 2026

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NAME - Agency Worker

Luzdarys Marquez

Date Issued

2/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/19/2026