

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6785

Date Correction Plan Due
3/17/2025

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.

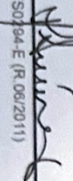
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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
Gottas De Amor Bilingual Child Care Center
Provider Number / Facility ID Number
5000589245 / 001 - 2003490

Address - Facility (Street, City, State, Zip Code)
2417 Amherst Rd Middleton WI 535622804
Telephone Number
608-358-2357
Date - Regulation Visit
3/3/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(2)(g) Liability Insurance If Dogs Or Cats Are Accessible</p> <p>Description: Licensee has not submitted to the department a certificate of insurance that indicates coverage for pets, the number of children covered and the dates of coverage. This has been requested multiple times.</p> <p>El titular de la licencia no ha enviado al departamento un certificado de seguro que indique la cobertura para mascotas, el número de niños cubiertos y las fechas de la cobertura. Esto se ha solicitado en múltiples ocasiones.</p>	<p>Insurance is renewing and will send renewal certificate</p>	<p>3/21/25</p>	

NAME - Agency Worker
Michelle Garcia
Date Issued
3/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/17/25