

Date Correction Plan Due
11/12/2025

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

Sopelick Family Day Care

Provider Number / Facility ID Number

7000581197 / 001 - 1013074

Address - Facility (Street, City, State, Zip Code)

2511 Renaissance Dr Fitchburg WI 53711

Telephone Number
608-213-5931

Date - Regulation Visit
10/27/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
			10/30/25	01/16/26
1	<p>250.06(2)(n)4.b. Radon - Mitigation System</p> <p>Description: A mitigation system and updated test results were required due to a high level of radon. Several reminders were sent to the provider on 6/17/25, 7/30/25, 09/02/25, 10/14/25 and 10/21/25. The department did not receive the results.</p> <p>Se solicitó un sistema de mitigación y resultados actuales debido a un alto nivel de radón. Se enviaron varios recordatorios al proveedor el 6/17/25, 7/30/25, 09/02/25, 10/14/25, 10/21,25 sobre el resultado de la prueba. El departamento no ha recibido los resultados.</p> <p>Repeat violation: Previously cited on 9/2/2025</p>	<p>Se realizó la prueba en sótano, y no recibí respuesta, volví a mandar otra más y este me llegó con un diferente resultado, llame a una compañía y cotizaron el precio y ellas harán la prueba con más detalle en Enero 16 26</p>		

The test was conducted in the basement several times with varying results. The company that quoted the system would be available in January.

NAME - Agency Worker
Luzdarys Marquez

Date Issued
10/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/14/25

