

Date Correction Plan Due 3/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Maria Sanchez Villafuerte		Provider Number / Facility ID Number 3000591633 / 001					
Address - Facility (Street, City, State, Zip Code) 212 Sunset Ln 1 Waunakee WI 535971137		Telephone Number 608-867-6696	Date - Regulation Visit 3/5/2025				
	Correction Plan	Expected Completion Date	Verification Date				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;">Rule/Statute Number Noncompliance Statement</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td style="padding: 5px;"> <p>202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.</p> <p>Description: One hour needed to complete 5 required hours of continuing education.</p> <p>Se necesita una hora para completar las 5 horas requeridas de educación continua.</p> </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	<p>202.08(1)(b)5. After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.</p> <p>Description: One hour needed to complete 5 required hours of continuing education.</p> <p>Se necesita una hora para completar las 5 horas requeridas de educación continua.</p>			
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2	<p>202.08(4m)(e)1.-5. An Operator Shall Ensure That Each Provider, Volunteer, Substitute, And Emergency Back-Up Provider, Receives An Orientation Before Beginning Work That Covers The Following:</p> <ol style="list-style-type: none"> 1. The Names And Ages Of Children In Care. 2. A Review Of Children's Records, Including Parent And Emergency Contact Information. 3. Specific Information Relating To A Child's Special Health Care Needs, Including Administration Of Medications, Disabilities, Allergies, Or Other Special Health Conditions. 4. A Review Of The Operator's Plan For Responding To Emergencies. 5. A Review Of This Chapter. <p>Description: Orientation paper work not on file for emergency back up.</p> <p>La documentación de orientación no está archivada para respaldo de emergencia.</p>		

MAR 12 2025

NAME - Agency Worker Wanda Rodriguez		Date Issued 3/5/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Date Signed 3-10-2024