

<b>Date Correction Plan Due</b> 5/5/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Tesoritos		<b>Provider Number / Facility ID Number</b> 1000590831 / 001 - 2006241	
<b>Address - Facility (Street, City, State, Zip Code)</b> 6510 Tottenham Rd Madison WI 537114014		<b>Telephone Number</b> 608-692-2703	<b>Date - Regulation Visit</b> 4/10/2026
<b>Rule/Statute Number</b>	<b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>250.07(6)(g)4. <b>Wiping Bodily Secretions</b></p> <p>Description: A child was observed to have a runny nose and was not wiped off in a certain period.</p> <p>Se observó a un niño con secreción nasal que no fue limpiado durante un cierto periodo.</p>	<p>We spoke with the provider about the topic of cleaning nasal secretions and the importance of washing the child's and provider's hand after cleaning.</p> <p>Hablamos con los proveedores sobre el tema de limpiar la secreción nasal y la importancia de lavar las manos del niño y del proveedor después de limpiar.</p>	
2	<p>250.07(6)(g)6. <b>Handwashing For Persons Working With Children</b></p> <p>Description: The hands of a child and provider were not wiped or sanitized after cleaning a child's runny nose.</p> <p>Las manos del niño y proveedor no se limpiaron o desinfectaron después de limpiar la nariz del niño.</p>	<p>We installed more areas with hand sanitizer.</p> <p>Instalamos más áreas con desinfectantes para las manos.</p>	

Name - Certified Operator / Licensed Center

Tesoritos

Provider Number / Facility ID Number

100059083 / 01 - 2006241

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

6510 Tottenham Rd Madison WI 537114014

Telephone Number

608-692-2703

Date - Regulation Visit

4/10/2026

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Luzdarys Marquez

Date Issued  
4/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4-27-2026