

Date Correction Plan Due 5/23/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Little Pines Bilingual Child Care Center		Provider Number / Facility ID Number 2000591422 / 001 - 2006831	
Address - Facility (Street, City, State, Zip Code) 1118 Williams Way Black Earth WI 535159804		Telephone Number 608-504-0941	Date - Regulation Visit 5/8/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: The provider did not practice fire and tornado evacuation drills with children for the month of April 2025.  El proveedor no practico el simulacro de incendio y tornado con los niños en el mes de Abril 2025.	- Revisar mensualmente el plan de emergencia y hacer los practicos de tornado y de incendio como tambien revisar el extintory alarmas de humos.	- Revisar y no dejar pasar un mes sin hacer los practicas. <div style="text-align: right; font-size: 1.2em; font-weight: bold;">05/15/25</div>

I would review the emergency plan and practice tornado and fire drills monthly.  
Fire extinguisher and alarms would be review as well.

NAME - Agency Worker  
Luzdarys Marquez

Date Issued  
5/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/15/25

*Jacqueline Lopez S.*