

Date Correction Plan Due 3/31/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Pelican		Provider Number / Facility ID Number 1000588461 / 001 - 2002229		
Address - Facility (Street, City, State, Zip Code) 2626 Homestead Rd Madison WI 537114066		Telephone Number 608-515-4469	Date - Regulation Visit 3/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: Child #1 did not have enrollment information on file.	<i>Apply to parents for delivering Enrollment Form</i>	3/31/26	
2	250.04(6)(a)1m. Child Record - Health History Description: Child #1 did not have health history information on file. Repeat violation: Previously cited on 1/14/2025	<i>apply to parents for delivering Health History Form</i>	3/31/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #2 did not have an updated health report on file as required every 6 months for children under age 2. Repeat violation: Previously cited on 1/14/2025	<i>Delivering Health Report</i>	<i>3/31/26</i>	
4	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Each provider did not maintain a current cpr certificate.	<i>CPR training</i>	<i>3/31/26</i>	
5	250.06(4)(a)2. Smoke Detectors - Interconnected Description: Center did not have an interconnected smoke detection system installed as required when one child under the age of 2 was being cared for on the upstairs level that is more than 6 feet above ground.	<i>Stop using upstairs area</i>	<i>3/31/26</i>	

NAME - Agency Worker
Rebecca Brickson

Date Issued
3/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed