DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/10/2026	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		Provider Number / Facility ID Number	
Oregon Bilingual Childcare Center Llc		1000588681 / 002 - 2007622	
Address - Facility (Street, City, State, Zip Code) 875 Clover Ln Oregon WI 535751601	**Telephone Number** 608-213-9870	**Date - Regulation Visit** 6/19/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) **Staff File - Staff Record Form** Description: Staff A did not have the staff record form on file, missing personal information, previous work experience and emergency contact information. El empleado A no tenia documentacion de informacion personal, experiencia laboral o contactos de emergencia, en su expediente.	I missed it. Now it is Filled out and in her Folder	6/19/26	

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Oregon Bilingual Childcare Center Llc		1000588681 / 002 - 2007622	
Address - Facility (Street, City, State, Zip Code) 875 Clover Ln Oregon WI 535751601	**Telephone Number** 608-213-9870	**Date - Regulation Visit** 6/19/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
2 **250.05(4)(a)** **Staff Orientation - Documentation** **Description: Staff A was missing documentation** of having received and **completed an orientation within the first week** of starting to work at the **center.** **Empelado A no tenía documentación de** haber recibido la orientación **dentro de la primera semana de haber** comenzado a trabajar en el **centro.**	Staff A had the orientation on the First day step by step I just missed the Form Now it is on her folder	6/19/26	
3 **250.07(6)(f)6.** **Medication Administration - As Labeled & Authorized** Description: A child's medication was kept at the center without a current parent's written authorization. El medicamento de un nino se mantuvo en el centro con una autorizacion por escrita vencida. Repeat violation: Previously cited on 1/16/2025	the written authorization was sent to us. on 6/24/26. Child is already 4 and went TO 4K no longer with us. at the day care. as of July 2nd 2026	6/24/26	

NAME - Agency Worker
Luzdarys Marquez, Sarah Stormont

Date Issued
6/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Melly Villa

Date Signed
7/9/26