

Date Correction Plan Due 11/3/2025	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 Pasitos Kaymara Day Care Llc		Provider Number / Facility ID Number 7000589107 / 001		
Address - Facility (Street, City, State, Zip Code) 2325 Carling Dr 2 Madison WI 537114454		Telephone Number 608-774-4319	Date - Regulation Visit 10/20/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan Plan de corrección	Expected Completion Date	Verification Date
1	<p>202.08(12)(d) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent</p> <p>Description: Parent checklist of DCF rules not on file.</p> <p>Lista de verificación para padres sobre las reglas del DCF que no se encuentra archivada.</p>	<p><i>Se envió para que se llevara lo cual ya lo tengo firmado y llevo por su madre.</i></p>	10-27-25	10-27-25

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2 202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: Enrollment form not on file for child #1 El formulario de inscripción no está archivado para el niño #1	Se le informo a su madre lo cual decio sacar al niño del centro	10-27-25	10-27-25	

Escaneado con CamScanner

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3	<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: Employee orientation not on file for emergency back-up provider.</p> <p>La orientación del empleado no está archivada para el proveedor de respaldo de emergencia.</p>	ya esta llena la lista del contacto de Emergencia	10-27-25
			Verification Date 10-27-25

NAME - Agency Worker Wanda Rodriguez	Date Issued 10/20/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed 10/27/25