DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
2/20/2026		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	
Azul Daycare		6000593556 / 001 - 2008557	
Address - Facility (Street, City, State, Zip Code) 713 Leeward Ln Oregon WI 535753453	**Telephone Number** 608-358-1866	**Date - Regulation Visit** 1/29/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Attendance record was inaccurate when children were not sign out on multiple occasion. La Asistencia no estaba concreto cuando la salida de los ninos no fue registrada en varias ocasiones. Repeat violation: Previously cited on 10/8/2025	use my TEAM's Support to ensure there are NO UNregisTered enTries or exits.	2-10-2026	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
2 250.05(2)(d)1. **Staff File - Physical Examination - Form** Description: Staff A did not have a physical examination report within the 30 days of being hired that indicated the person was free of illness and able to work with children. El empleado A no presentó, dentro de los 30 días posteriores a su contratación, un informe de examen medico que indicara que estaba libre de enfermedades y apto para trabajar con ninos.	The employee is no longer on our team.	2-6-2026	

NAME - Agency Worker
Luzdarys Marquez

Date Issued
2/4/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed