

Date Correction Plan Due
 10/27/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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 202.085, 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

Mis Primeros Pasos Al Exito

3000572793 / 001 - 1013957

Address - Facility (Street, City, State, Zip Code)

716 Moorland Rd Madison WI 537132157

Telephone Number

608-807-7198

Date - Regulation Visit

10/13/2025

Rule/Statute Number
 Noncompliance Statement

Correction Plan

Expected
 Completion Date

Verification
 Date

1 202.08(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:
 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.

El formulario de orientación para empleados estaban otro archivo fue encontrado despues que la supervisoras fue del Day care, en las proximas visitas estará en un lugar mas visible para la supervisor y empleados de emergencia.

10/13/2025

Description: Employee orientation not on file for emergency backup provider.

El formulario de orientación para empleados no se encuentra archivado para el proveedor de respaldo de emergencia.

OCT 28 2025

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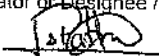
NAME - Agency Worker
Wanda Rodriguez



Date Issued
10/13/2025

OCT 28 2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/28/2025