

Date Correction Plan Due 10/31/2025	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 Rocking Horse Childcare		Provider Number / Facility ID Number 4000574074 / 001		
Address - Facility (Street, City, State, Zip Code) 6219 Raymond Rd Madison WI 537114105		Telephone Number 608-209-6279	Date - Regulation Visit 10/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	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: Child #1 did not have the verification of reviewing the DCF202 rules.</p>	<p style="font-size: 1.2em; font-family: cursive;">make sure Rules Are in fill for Reviewing</p>	<p style="font-size: 1.2em; font-family: cursive;">10-31-25</p>	<p style="font-size: 1.2em; font-family: cursive;">verified via text on 10-17-25 ✓</p>

OCT 30 2025

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Rocking Horse Childcare

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2	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Description: Child #1 did not have the enrollment form on file.</p>	<p>Don't allow papers work to go with parent fill out all papers work at day care and keep in my files</p>	<p>10-31-25</p>	<p>verified via text on 10-17-25 ✓</p>
3	<p>202.08(12)(g) 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 Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.</p> <p>Description: Child #1 did not have the Child Care Intake for Child Under 2 Years form on file.</p>	<p>make sure I have all up to date files</p>	<p>10-31-25</p>	<p>verified via text on 10-17-25 ✓</p>

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4	<p>202.08(9)(b)1.-5. A Transportation Permission Form Shall Include All Of The Following Information: 1. The Purpose Of The Transportation And The Parent Or Guardian's Permission To Transport The Child For That Purpose. 2. The Length Of Time The Child Will Transported. 3. An Address And Telephone Number Where A Parent Or Other Adult Can Be Reached In An Emergency. 4. The Name, Address, And Telephone Number Of The Child's Health Care Provider. 5. Written Consent From The Child's Parent For Emergency Medical Treatment.</p> <p>Description: Child #1 did not have the transportation permission form on file.</p>	<p>make sure all forms are in my files for certification to see</p>	<p>10-31-25</p> <p>verified via text on 10-17-25 ✓</p>

OCT 30 2025

NAME - Agency Worker Hanaka Ehlert	Date Issued 10/17/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Florida L Willis</i>	Date Signed 10-27-2025