

Date Correction Plan Due
4/30/2024

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)(l) 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
Lighthouse Kids West

Provider Number / Facility ID Number
0000582650 / 001 - 1012083

Address - Facility (Street, City, State, Zip Code)
6402 Schroeder Rd Madison WI 537112424

Telephone Number
608-441-9408

Date - Regulation Visit
4/12/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.055(1)(a) Supervision Of Children</p> <p>Description: Child care workers did not supervise a child within sight and sound when the child left the Starfish room to grab an item from the cubbies located in the hallway.</p>	<p>Staff has been informed to watch children when going into hallway as well as making sure to take attendance each transition.</p>	4/15/24	
2	<p>251.055(2)(b) Staff-To-Child Ratios - Minimum</p> <p>Description: A childcare worker was caring for five children under the age of two year old at the Seahorses Room.</p>	<p>Staff will ask for help from other staff when they are in need of help.</p>	4/15/24	

Name - Certified Operator / Licensed Center

Lighthouse Kids West

Provider Number / Facility ID Number

0000582650 / 001 - 1012083

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

6402 Schroeder Rd Madison WI 537112424

Telephone Number

608-441-9408

Date - Regulation Visit

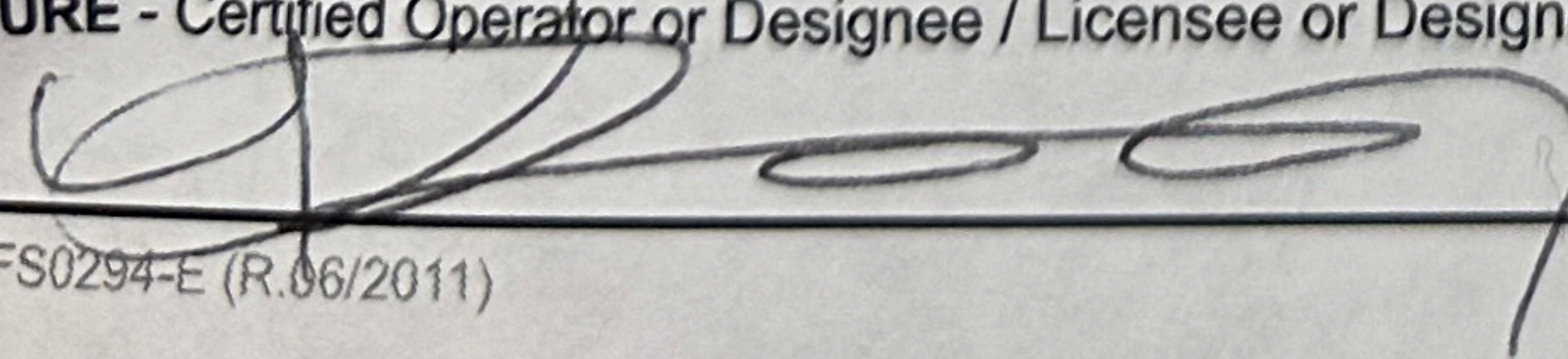
4/12/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.06(2)(d) Access To Materials Potentially Harmful To Children</p> <p>Description: Potentially harmful materials were accessible to children when cleaning products were stored in an unlocked cabinet and a container with sunscreen, diaper rash lotion and hand lotions were reachable at children's bathroom.</p>	<p>Container using sunscreen & diaper cream is out of reach also cabinet has a child proof lock on it.</p>	4/15/24	
4	<p>251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers</p> <p>Description: The refrigerator located at Baby Whales room was not equipped with a thermometer.</p>	<p>Thermometer has been placed in the refrigerator in whales classroom</p>	4/15/24	
5	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: There was a child's medication in the Baby Whales room without a parents' written medication authorization.</p>	<p>Form will be filled out by mom for the medication</p>	4/15/24	

NAME - Agency Worker
Luzdarys Marquez

Date Issued
4/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
4/15/24