

<b>Date Correction Plan Due</b> 11/6/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Lighthouse Kids West		0000582650 / 001 - 1012083		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
6402 Schroeder Rd Madison WI 537112424		608-441-9408	10/17/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: Child 1 and child 2 did not have the Health History form on file.	I gave the parents a new health history form.	10/29/24	
2	251.06(11)(b)7. <b>Outdoor Play Space - Enclosure</b>  Description: An unapproved outdoor space, not enclosed, was used for children during their outdoor activities.	Spoke to the teachers about this area and let them know that it is not approved.	10/29/24	

<b>Name - Certified Operator / Licensed Center</b> Lighthouse Kids West		<b>Provider Number / Facility ID Number</b> 0000582650 / 001 - 1012083	
<b>Address - Facility (Street, City, State, Zip Code)</b> 6402 Schroeder Rd Madison WI 537112424		<b>Telephone Number</b> 608-441-9408	<b>Date - Regulation Visit</b> 10/17/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(3)(b)3. <b>Equipment - Quantity For Outdoors</b>  Description: The center did not provide sufficient outdoor play equipment when the outdoor, enclosed space recently approved for the use of children did not have equipment.	Spoke to my boss. They took the toys to the area assigned for the children's free play.	10/29/24	
4 251.07(6)(g)5. <b>Use Of Universal Precautions</b>  Description: A staff member assisted a child with a nosebleed and did not use universal precautions.	Talk to the teachers about how we need to help a child with nosebleeds.	10/29/24	
5 251.07(6)(i)2. <b>Adult Handwashing</b>  Description: Staff member cleaned blood from the floor and did not wash her hands.	Talked to the teachers about handwashing hygiene when there is blood.	10/29/24	

**NAME - Agency Worker**  
Luzdarys Marquez

**Date Issued**  
10/21/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*TERESA GASPARE F.*

**Date Signed**