

Date Correction Plan Due 2/5/2025	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)(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		
Lighthouse Kids West		0000582650 / 001 - 1012083		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
6402 Schroeder Rd Madison WI 537112424		608-441-9408	1/9/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) Staff Record - Maintenance & Availability Description: Staff G file was not available to be review.	I already have this document	2/2/25	
2	251.05(2)(a)1. Staff Record - Personal Information Description: Staff A to G were missing documentation of personal information, previous work experience and emergency contact information.	They have completed this information again.	01/28/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Lighthouse Kids West		0000582650 / 001 - 1012083	
Address - Facility (Street, City, State, Zip Code) 6402 Schroeder Rd Madison WI 537112424		Telephone Number 608-441-9408	Date - Regulation Visit 1/9/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff G did not have documentation of a completed child care background check that indicates the person is eligible to work in a child care program as specified in s. 48.686, Stats., and ch DCF 13. Repeat violation: Previously cited on 8/20/2024	I already have these document.	01/28/25	
4 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A to G 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.	PREVIOUSLY they weren't asked for it, there was confusion. But teachers are making appointments for this test to be performed.	01/28/25	
5 251.05(2)(a)4.b. Staff Record - Registry Certificate - School Age Programs Description: Staff C, who is a lead teacher for the afterschool program, did not have a certificate from the Registry on file.	Teacher is working to obtain the registry certificate	01/29/25	
6 251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Staff C, who is a lead teacher for the afterschool program, did not have documentation of the educational qualifications on file.	We already have the documentation of the Teacher's studies.	01/29/25	

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

1/9/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.05(2)(a)8. Staff Record - Orientation Description: Staff A to G were missing documentation of having received and completed an orientation.	I have this documentation they will receive the orientation	01/28/25	
8	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B,C,D did not have a current certificate of completion for infant and child cardiopulmonary resuscitation and automated external defibrillator use. Repeat violation: Previously cited on 9/12/2023	These Teachers already have the certificate.	2/2/25	
9	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A to G, except D were missing documentation of having completed a child abuse and neglect training	Teachers took this training 08/21/24 I have this documents.	01/28/25	

NAME - Agency Worker

Luzdarys Marquez

Date Issued

1/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2/2/25