

Date Correction Plan Due 2/7/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Casa De Corazon	Provider Number / Facility ID Number 2000591582 / 001 - 2006781
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Address - Facility (Street, City, State, Zip Code) 6 Odana Ct Madison WI 537191109	Telephone Number 608-845-1328	Date - Regulation Visit 1/22/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff member counted in ratio did not complete a background that indicates that the person is eligible to care for children.	Staff members who have not completed fingerprints/background check will not work on site or otherwise will not enter classrooms or be responsible for children.	1/22/2024	
2	251.09(2)(bm) Infant & Toddler - Sleep Position Description: Each child under one year of age was not placed to sleep on his or her back when staff member admitted that infants sleep for a short time in swinging chairs during their morning nap.	Teachers will be retrained to ensure that infants are always taken out of swinging chair or otherwise placed on their backs in cribs before or as soon as they fall asleep. Director talked with staff about proper sleeping placement.	1/22/2024	

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Casa De Corazon

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6 Odana Ct Madison WI 537191109

Telephone Number

608-845-1328

Date - Regulation Visit

1/22/2024

Cell:
Center: 608-690-3590

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Luzdarys Marquez, Michelle Garcia

Date Issued
1/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1/29/2024