

Date Correction Plan Due 12/23/2024	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)(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		
Address - Facility (Street, City, State, Zip Code) 6 Odana Ct Madison WI 537191109		Telephone Number 608-690-3590	Date - Regulation Visit 12/3/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: The attendance from Preschool A2 was not accurate when 6 children were presented and 5 were marked in.</p> <p>On November 11, 18 and 26, 2024, attendance records were not accurate when some children were not mark out of the center.</p>	<p>Reminded teacher to check students in when they arrive - in the app.</p> <p>Received a written explanation from the franchisor regarding the app functionality + placed it in the attendance folder.</p>	<p>12/3/2024</p> <p>12/4/2024</p>	
2	<p>251.055(1)(b) Supervision - Teacher Per Group Of Children</p> <p>Description: Children from Infant B classroom were not supervised by a qualified child care worker for approximately 5 minutes.</p>	<p>Teacher was reminded that it is her responsibility to maintain proper ratios throughout the day</p>	<p>12/3/2024</p>	

+ that she could have called on the radio for coverage or for someone else to retrieve supplies.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Casa De Corazon		2000591582 / 001 - 2006781		
Address - Facility (Street, City, State, Zip Code) 6 Odana Ct Madison WI 537191109		Telephone Number 608-690-3590	Date - Regulation Visit 12/3/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(b) Isolation Area Description: A child was sleeping at the carpet surrounded by other children when child care workers were aware that the child was not feeling well.	The teachers were told + immediately created an isolated space for the child to rest on a cot.	12/3/2024	
4	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: Child Care worker admitted not entering minor incidents in the medical book.	Child care worker was reminded to enter all injury incidents in the medical log book.	12/3/2024	
5	251.07(6)(j)4. First Aid Procedures Description: Child care worker did not provide first aid to a child that fell and hit her head. An ice pack was not available in the room.	Child care worker was retrained on administering first aid. Ice packs were placed in classroom freezer.	12/3/2024	

NAME - Agency Worker
Luzdarys Marquez

Date Issued
12/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

12/9/2024