

Date Correction Plan Due 10/6/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 608-690-3590	Date - Regulation Visit 9/23/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(h) <b>Report - Change in Room Usage</b>  Description: The center did not report changes made in the Pre-K room which was converted into an indoor gym.	Immediately cease using vacant Pre-K room.	9/24/25	
2	251.055(2)(a) <b>Group Size - Maximum</b>  Description: The infants group was exceeded when 14 infants under 18 months old were in the indoor gym.	Immediately ensure there are never more than 8 infants under 18 months together in an indoor space.	9/24/25	

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Address - Facility (Street, City, State, Zip Code) 6 Odana Ct Madison WI 537191109		Telephone Number 608-690-3560	Date - Regulation Visit 9/23/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(1) Washing Child's Hands & Face  Description: Staff member did not wash toddlers hands with soap and water after changing their diapers.	Particular staff member and all staff members reminded of child hand washing requirement.	9/24/25	
4	251.07(6)(2) Adult Handwashing  Description: Staff member did not wash her hands with soap and water after changing children's diapers.	Particular staff member and all staff members reminded of importance of and requirement to wash hands after changing diaper.	9/24/25	

NAME - Agency Worker Luzdarys Marquez	Date Issued 9/24/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Luzdarys Marquez</i>	Date Signed 9/30/2025