Date Correction Plan Due 7/17/2026	**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**
Casa De Corazon	2000591582 / 001 - 2006781

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
6 Odana Ct Madison WI 537191109	608-690-3590	6/15/2026

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.055(1)(a) **Supervision Of Children** Description: Children were not properly supervised when they were seen climbing on toy furniture and playing upside down on a chair where they could potentially get hurt. Teachers did not guide behaviors to prevent harm and ensure safety, as required.	Admin. will speak with teachers about always using active supervision for all students at all times, with gentle guidance for behavior.	7/10/2026	
2	251.07(2)(e) **Child Guidance - Prohibited Actions** Description: A staff member may have used an action that was emotionally or physically discomforting when this individual grabbed children by their arms to re-direct them and children cried afterwards.	Staff will be advised that physically grabbing children to redirect is never appropriate or allowed.	7/10/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.09(2)(b) **Infant & Toddler - Individual Sleep Patterns** Description: A staff member was observed jostling a crib while an infant was placed in it to rest.	Staff member involved was told to stop jostling the crib + cuby. All staff will be reminded of the importance of following procedures to prevent traumatic head injury.	6/15/2026 7/10/2026	

NAME - Agency Worker
Luzdarys Marquez

Date Issued
7/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/6/2026