**DEPARTMENT OF CHILDREN AND FAMILIES**
Division of Early Care and Education

**STATE OF WISCONSIN**

| **Date Correction Plan Due** 10/16/2026 | **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** | | **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** 9/29/2026 | |

| | **Rule/Statute Number Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
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| 1 | 251.05(2)(a)6.<br>**Staff Record - Days & Hours Worked**<br><br>Description: Infants A room staff days and worked hours record was inaccurate when a staff member did not sign in after her break.<br><br>Repeat violation: Previously cited on 4/4/2025 | Staff member who was noncompliant was spoken with + all staff were reminded of importance of keeping accurate attendance records. | 10/2/2026 | |
| 2 | 251.06(2)(d)<br>**Access To Materials Potentially Harmful To Children**<br><br>Description: Potentially harmful materials were accessible to children when diaper lotions and sunscreens labeled keep out of reach of children were stored in an unlocked and reachable cabinet.<br><br>Repeat violation: Previously cited on 4/17/2026 | Staff were reminded to keep all potentially harmful substances out of reach of children at all times. There are high shelves in each area where children may be. | 10/5/2026 | |

| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | |
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| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
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**NAME** - Agency Worker
Luzdarys Marquez

Date Issued
10/2/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed
10/8/2026