

Date Correction Plan Due 12/2/2024	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		Provider Number / Facility ID Number		
Mt Olive Christian Preschool		4000577934 / 002 - 1014558		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
110 N Whitney Way Madison WI 53705		608-238-5656	11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Documentation from the department indicating that a background check was not completed in compliance with the timelines and requirements when Staff A's start date was August 12, 2024, and a background check had not been completed prior to her start as required but was completed on October 5, 2024.	BACKGROUND CHECKS WILL BE UPDATED THROUGH UPDATES ON CCPORTAL INFORMATION GOES DIRECTLY TO THE DIRECTOR NOW, ACCESS TO THE PORTAL GRANTED TO CURRENT DIRECTOR	OCT. 5 2024	

NAME - Agency Worker Kimberly Liebhart	Date Issued 11/18/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee ANDREA TROIA	Date Signed 4-23-25

