

<b>Date Correction Plan Due</b> 9/29/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(l) 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 notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Elmorific Child Care	<b>Provider Number / Facility ID Number</b> 5000574155 / 003 - 1014229
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<b>Address - Facility (Street, City, State, Zip Code)</b> 230 Summertown Dr Madison WI 53718	<b>Telephone Number</b> 608-770-8997	<b>Date - Regulation Visit</b> 8/28/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b></p> <p>Description: The licensee did not maintain a current written record of daily attendance of the actual time of arrival and departure for the 7 children in care. Additionally, the licensee reported not having a written record of attendance for the full week.</p>	<p>I wrote the times on my phone and not on the attendance sheet. I fixed it during nap after the visit. I will write on the time sheet instead of in my phone</p>	8/28/2025	
2	<p>250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b></p> <p>Description: The licensee did not have record of having completed the biennial training on child abuse and neglect.</p>	<p>I took the training but had printer problems and then forgot to go back and print it out.</p>	10/01/2025	

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3	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: The licensee did not complete at least 15 hours of continuing education annually when they reported that the hours weren't documented.	If lost the sheet I wrote the tuesday talks & my CPR training on a new sheet.	8/29/2025

**NAME - Agency Worker**  
Kimberly Liebhart

**Date Issued**  
9/15/2025

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

Angela Raud

**Date Signed**  
09/29/2025