

No. 0805 P. 2/3

Date Correction Plan Due 11/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Mt Olive Preschool		Provider Number / Facility ID Number 2000573912 / 001 - 620060		
Address - Facility (Street, City, State, Zip Code) 6205 Alderson St Weston WI 544763905		Telephone Number 715-359-5546	Date - Regulation Visit 10/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log books in all classrooms were not reviewed within the last 6 months to ensure all possible preventive measures are being taken.	Director will make sure that all Medical log books are reviewed within the last 6 months. The teachers will be asked to bring their Medical log books to the monthly meetings and/or 6 months meetings to be reviewed.	10/18/24	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization for one medication in Classroom 2 did not contain the dates to administer. Repeat violation: Previously cited on 10/11/2023	All staff will be reminded to have a Parent Authorization form filled in with the dates to administer on that form.	10/18/24	

Nov. 1. 2024 12:08PM

No. 0805 P. 3/3

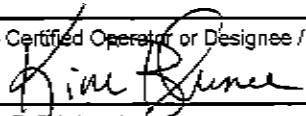
Nov. 1. 2024 12:09PM

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			Verification Date

NAME - Agency Worker
Heather Struck

Date Issued
10/31/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
11/1/24