

Date Correction Plan Due 2/11/2025	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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Community Care Preschool And Cc Inc		Provider Number / Facility ID Number 6000556296 / 003 - 2007218	
Address - Facility (Street, City, State, Zip Code) 405 W 3Rd St Beaver Dam WI 539161513		Telephone Number 920-885-9472	Date - Regulation Visit 1/21/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)8. Staff Record - Orientation Description: Staff A did not have a record of having completed a staff orientation.	When Staff A came to our new location she was given orientation to the building, however it was not documented. We have since corrected that. All staff who come from our old building to this building have documentation. Staff A is a seasonal 30 yr employee of our organization.	1/20/25	

NAME - Agency Worker Kimberly Liebhart	Date Issued 1/28/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 1/28/25