

Date Correction Plan Due
12/11/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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

Minds N Motion Childcare Center

Provider Number / Facility ID Number

8000591898 / 001 - 2007132

Address - Facility (Street, City, State, Zip Code)
5605 N 95Th St Milwaukee WI 532252609

Telephone Number
414-499-9619

Date - Regulation Visit
11/26/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Child 1 & 2 did not have emergency contact information listed on enrollment form	Child 1&2 emergency contact information was corrected immediately.	12/15/24	2/10/25
2 250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: Child 2 did not have physician information listed on enrollment form	The physician was added to the enrollment immediately.	12-15-24	2/10/25

NAME - Agency Worker
Tarra Trammell

Date Issued
12/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten Signature]

Date Signed

12-15-24