

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due
10/11/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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 Beautiful Minds Family Day Care		Provider Number / Facility ID Number 9000573799 / 003 - 1012311	
Address - Facility (Street, City, State, Zip Code) 463 Spring Road Dr Neenah WI 54956		Telephone Number 920-475-2875	Date - Regulation Visit 9/24/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Two children did not have current (once every 2 years) physicals on file - see checklist. Repeat violation: Previously cited on 4/1/2024, 5/18/2023, 12/5/2022	A physical was completed for one child. Another request/reminder was sent to the child's doctor for a physical completion.	10/1/2024 completed	
2 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: The provider did not have her 15 hours of continuing education for 2023. Repeat violation: Previously cited on 4/1/2024, 10/19/2023, 5/18/2023	I have complete all of my continuing education and will document on paper and send to	10/30/2024	

NAME - Agency Worker
Jill Kellner

Date Issued
9/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jill Kellner

Date Signed

10/10/2024