Date Correction Plan Due 8/1/2019

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		Provid	Provider Number / Facility ID Number		
Ве	autiful Minds Family Day Care	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 7/15/2019		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	250.04(5)(j) Staff File - Continuing Education Description: The provider did not document that she obtained 15 hours of Continuing education in 2018. Repeat violation: Previously cited on 2/15/2019, 4/3/2018, 11/6/2017	the rest of 8.5 hours for	ASAP 8/31/19		
2	250.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Provider did not have biennial child abuse and neglect training. Last time it was done was in April 2017. Corrected during visit	will complete each year and on a timely basis	Complete		

Name - Certified Operator / Licensed Center Provider Number / Facility ID Number Beautiful Minds Family Day Care 9000573799 / 003 - 1012311 Address - Facility (Street, City, State, Zip Code) **Telephone Number Date - Regulation Visit** 463 Spring Road Dr Neenah WI 54956 920-475-2875 7/15/2019 Rule/Statute Number **Correction Plan Expected** Verification **Noncompliance Statement Completion Date** Date 3 250.05(1)(b)5. **Provider Training - Cardiopulmonary Resuscitation** Description: The providers CPR had expired in May 2019 and was not current. 250.07(6)(L)2. Health Exam - Child Age Over Age 2 Description: 5 children did not have a current (once every 2 years) physical on file - see checklist. Repeat violation: Previously cited on 4/3/2018 250.07(6)(L)5. **Health History Information** Description: Three children did not have their health history information in their files - see checklist. 6 250.07(6)(m) **Immunization Record** Description: Three children did not have their immunization history in their files - see checklist

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antidres	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Verification Completion Date Date		
	250.08(4)(b) Vehicle Inspection	Vehicle inspection	when transportation		
	Description: Last vehicle inspection was dated 12/7/17	WOS COP PULL TO	Note - posited		
	Repeat violation: Previously cited on 11/6/2017	2018: My Day Colo	Will Fall		
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NAME - Certification Worker / Licensing Specialist Jill Kellner

Date Issued 7/18/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed