

Date Correction Plan Due
1/28/2022

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)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(3) 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		Provider Number / Facility ID Number		
Beautiful Minds Family Day Care		9000673799 / 003 - 1012311		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
463 Spring Road Dr Neenah WI 54956		920-475-2875	1/5/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4 a. Child Record - Physical Exam - Under 2 Description: One child did not have current (once every 6 months) physicals on file - see checklist.	have another request for an enrolled family to have each each child's health check & immunizations completed by 2/11/22 (kids and adults) if not completed will not be able to provide child care until complete	2/11/22	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Two children did not have their immunization history in their files - see checklist.	will put into place reminders for both enrolled parents and myself when immunizations are due for each child's file.	completed 1/16/22	completed

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
3000 Minds Family Day Care 403 Spring Road Dr Neshah WI 54956	920-475-2875	1/5/2022
Rule/Statute Number	Correction Plan	Expected Completion Date
3 200 BR 21.02 Provider Training - Current CPR Certification Question: The provider did not follow the correct CPR certification in her file. Her file was updated in October of 2021.	Because of I'll never send card I missed the CPR certification. I'll remember days of expiration date going forward.	completed 1/29/2022
4 250 BR 7.04 Staff & Activities - Health & Immunization Question: One of the dogs (Tyson) rabies vaccination was used date it did expire on 11/10/21.	Have rescheduled vaccinations for my other dog. I have been placed on a reminder list for future vaccinations will have rabies shots completed by 1/30/2022	completed 1/30/2022

CPR and AED

I have successfully completed this program and understand and can demonstrate the program to other staff and other staff who are not present.



1-20-22
Date Completed

1/14/2022

NAME - Certification Worker / Licensing Specialist
Jill Kallner

SIGNATURE - Certified Operator or Designer / Licensee or Designee
Shelle A. Hooks

Date Signed
1/27/2022