DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/25/2026		715-930-1148

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	Provider Number / Facility ID Number
Blossoming Minds Early Learning Ctr	7000571647 / 002 - 1015582

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1111 N Knowles Ave New Richmond WI 54017	715-246-8000	9/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Documentation that indicates the child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144 was not observed in the file for Child #4.	Monthly checks on child files will be completed	9/25/26	
2	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #4 has been in care for more than 3 months and did not have a child health report on file.	monthly checks on child files will be completed	9/25/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(2)(a)7. **Staff Record - Continuing Education** Description: The files for Staff A and C did not have documentation of the yearly requirement of continuing education hours for 2025 available for review during the monitoring visit.	Continuing Education will be scheduled and completed annually with dates set	12/1/26	
4	251.09(2)(b) **Infant & Toddler - Individual Sleep Patterns** Description: Infant and toddlers shall be allowed to form and follow their own pattern of sleeping and waking. On the date of the monitoring visit one infant was placed in a playpen for sleep but was not ready to sleep and repeatedly stood up in the playpen. Another child repeatedly got up from his sleeping bag, indicating that their individual patterns of sleeping and waking were not being followed.	All Staff will Complete Classroom Management trainings annually	10/1/26	

NAME - Agency Worker
Wendy Badzinski

Date Issued
9/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/25/26