

Date Correction Plan Due 3/20/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Joyful Beginnings Academy	Provider Number / Facility ID Number 1000591211 / 001 - 2006378	
Address - Facility (Street, City, State, Zip Code) W9570 Poker Flats Ct Hortonville WI 549442707	Telephone Number 920-710-9005	Date - Regulation Visit 1/30/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.b. Department Notices Posted Description: Based on observation on 1/30/25 the center failed to have the department notice that was issued on 11/6/24 posted.	Notice hung immediately in entry way	immediate	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on record review on 1/30/25 according to the Staff Record Checklist Staff Member A failed to have a health report on file. Repeat violation: Previously cited on 10/14/2024, 6/23/2023	updated new hire process to prevent missing paperwork	immediate	

Certified Operator / Licensed Center

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920-710-9005

1/30/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

3 251.05(2)(a)7.
Staff Record - Continuing Education

updated new
hire process +
file checks to
prevent issues

immediate

Description: Based on record review on 1/30/25 according to the Staff Record Checklist Staff Member A failed to have continuing education requirements for 2024.

NAME - Agency Worker
Cassandra Debauche

Date Issued
3/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3.10.25