

Date Correction Plan Due 11/20/2025	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		Provider Number / Facility ID Number		
Joyful Beginnings Academy		1000591211 / 001 - 2006378		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
W9570 Poker Flats Ct Hortonville WI 549442707		920-710-9005	9/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Based on record review on 9/10/25 according to the Staff Record Checklist Staff Member D failed to have a health report on file.</p> <p>Repeat violation: Previously cited on 1/30/2025, 10/14/2024</p>	<p>Reviewed) paperwork to update / ensure completion of materials</p>	<p>Nov. 26th 2025</p>	
2	<p>251.09(1)(k) Infant & Toddler - Bedding</p> <p>Description: Based on observation on 9/10/25 the licensing specialist entered the older infant classroom where an infant was asleep on the floor with a blanket covering their face. The licensing specialist immediately removed the blanket from the child's face and notified staff members and the owner of the facility.</p>	<p>Conversation with all infant teachers share safe sleep policies and resources</p>	<p>Immediate</p>	

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<p>3 251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home</p> <p>Description: Based on observation on 9/10/25 infant bottles within the fridge in the young infant and older infant classrooms, failed to be labeled with each children's names and dates.</p>	<p>Follow up with teacher + families as needed on policy implement teacher labeling as needed w. info from family</p>	<p>Immediate</p>		
<p>4 251.09(3)(a)2m. Infant & Toddler - Correct Food, Breastmilk, Or Formula</p> <p>Description: The program self reported that on 8/15/25 and on 9/8/25 staff member's fed children the wrong bottle of breast milk. These were two separate incidents that involved different children.</p>	<p>Feeding policy followed up on. Name to face bottle feeding procedures in place & posted in infant classrooms</p>	<p>Immediate</p>		
<p>5 251.09(3)(a)9. Infant & Toddler - Bottle Feeding</p> <p>Description: Based on observation of video footage on 9/5/25 an infant was not held when an infant was being fed a bottle. They were fed a bottle while on the floor.</p>	<p>1:1 conversations with all infant teachers on feeding policies. Safe eating resources shared w staff</p>	<p>immediate</p>		

NAME - Agency Worker

Cassandra Debauche

Date Issued

11/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11.13.25