

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
2/4/2025

TO FILE A COMPLAINT CALL  
262-446-7800

**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 252.4(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  
Magical Minds Learning Academy Inc  
Provider Number / Facility ID Number  
9000591979 / 001 - 2007202

Address - Facility (Street, City, State, Zip Code)  
5310 W North Ave Milwaukee WI 532081020  
Telephone Number  
414-255-8181  
Date - Regulation Visit  
1/24/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b> Description: Staff G background check is currently expired and staff I does not have a background check completed.	<i>Staff G is no longer employed at Magical Minds. Staff I background complete as of 1/31/25</i>	<i>1/31/25</i>	
2	251.07(3)(a)4. <b>Indoor Equipment - Energy-Absorbing Surfaces</b> Description: Climbing equipment did not have safety mats placed under equipment around fall zone.	<i>Safety Mat has been placed under climbing equipment in the library area.</i>	<i>1/25/25</i>	

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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(1)(am) Infant & Toddler - Intake Information Description: Child 2 did not have an intake under 2 form completed in file.	Child under 2 form for Child 2 is complete and one- field in infant classroom	1/29/25	

NAME - Agency Worker  
Tiarra Trammell, Dominica Shaw

Date Issued  
1/28/2025

SIGNATURE - Certified Operator or Designer/ Licensee or Designee

Date Signed

2/1/25