

<b>Date Correction Plan Due</b> 10/31/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

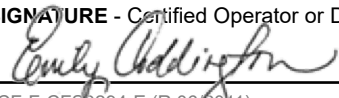
<b>Name - Certified Operator / Licensed Center</b> Beloit Child And Family Center		<b>Provider Number / Facility ID Number</b> 2000577842 / 005 - 1008315		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1221 Henry Ave Beloit WI 53511		<b>Telephone Number</b> 608-299-1500	<b>Date - Regulation Visit</b> 10/8/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A did not have a physical examination report on file.	We had records indicating the completion of this requirement; however, the final document from occupational health was not readily accessible at the time of the request. Moving forward, we are implementing a more organized/digital filing system to ensure that all necessary documents are consistently monitored and easily retrievable to prevent any future noncompliance.	The physical examination document has been included with this submission.	
2	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Staff B did not have documentation of educational qualifications for the position held.	We had a copy of the individual's diploma on hand at the requested time but failed to include it in the submitted documentation.	The Diploma has been included with this submission.	

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3	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff B did not have documentation of abusive head trauma training.	We have so far been unable to find this document. To ensure compliance, we had the employee retake the course while we continue to search for any past records.	Proof of AHT completion has been included with this submission.

**NAME - Agency Worker**  
Rebecca Brickson

Date Issued  
10/17/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



Date Signed  
10/29/2025