

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
9/5/2025

**TO FILE A COMPLAINT CALL**

**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)(l) 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** Wandering Minds Child Care **Provider Number / Facility ID Number** 2000592062 / 001

**Address - Facility (Street, City, State, Zip Code)** 4424 N 57Th St Milwaukee WI 532185608 **Telephone Number** 414-242-9884 **Date - Regulation Visit** 8/21/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<p>1 202.08(1)(b)3.d. Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.</p> <p>Description: The operator did not complete CPR training by the required deadline on 8/14/25.</p>	<p>I plan to take my CPR classes as soon as possible - I will prevent this violation from happening again by completing all task by dead line and on time.</p>	<p>September 13, 2025</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
202.08(1)(b)4.b. A Provisional Certified Child Care Operator Shall Complete Department-Approved Preservice Training Under Subd 3. Within 3 Months After Provisional Certification.  Description: The operator did not complete preservice training within three months of the provisional certification being granted.	I plan to complete my required training asap. I will prevent this violation from happening again by completing task on time.	Sep 13 2025	

NAME - Agency Worker  
Deborah Kersting

Date Issued  
8/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed