

Date Correction Plan Due 7/29/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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		
Beyond Blessed Childcare Academy		9000592509 / 001 - 2007656		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1115 N 35Th St Milwaukee WI 532082802		414-249-5805	6/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff hours were not entered on the day of the visit.	<i>Sign in immediately once walking in the building</i>	<i>immediately</i>	
2	251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: Staff A, the identified cook, did not have documentation of completing four hours of training prior to beginning to prepare food.	<i>order meal prepping books</i> Print materials weekly <i>(NW)</i>	<i>immediately</i>	
3	251.07(1)(a) Written Program Of Activities Description: The program did not have a written program of activities.	<i>Start creating Lesson Plans</i>	<i>immediately</i>	

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Address - Facility (Street, City, State, Zip Code) 1115 N 35Th St Milwaukee WI 532082802		Telephone Number 414-249-5805	Date - Regulation Visit 6/27/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date

NAME - Agency Worker
Cindy Matuszak

Date Issued
7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Madia Kockert White

Date Signed

7/16/2025