

Date Correction Plan Due 8/1/2019	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)(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		Provider Number / Facility ID Number		
Beautiful Minds Family Day Care		9000573799 / 003 - 1012311		
Address - Facility (Street, City, State, Zip Code) 463 Spring Road Dr Neenah WI 54956		Telephone Number 920-475-2875	Date - Regulation Visit 7/15/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(5)(j) Staff File - Continuing Education</p> <p>Description: The provider did not document that she obtained 15 hours of Continuing education in 2018.</p> <p>Repeat violation: Previously cited on 2/15/2019, 4/3/2018, 11/6/2017</p>	<p>Have completed 1.5 hours and 5 hours reading for Continuing Education for 2018. Will complete the rest of 8.5 hours for 2018 with classroom time</p>	<p>ASAP 8/31/19</p>	
2	<p>250.04(8)(b) Biennial Training - Child Abuse & Neglect</p> <p>Description: Provider did not have biennial child abuse and neglect training. Last time it was done was in April 2017.</p> <p>Corrected during visit</p>	<p>will complete each year and on a timely basis</p>	<p>completed</p>	✓