

Date Correction Plan Due 12/26/2019	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)(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 Beautiful Minds Family Day Care		Provider Number / Facility ID Number 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 12/4/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.a. Monitoring Results Posted Description: The last monitoring results from the 10/9/19 visit were not posted for parents to see.	<i>monitoring results were located in file to be printed. I will post monitoring results "noncompliance statement" where parents can view them</i>	<i>12/4/2019</i>	
2	250.04(2)(i)1.b. Department Notices Posted Description: The order dated 10/9/19 was not posted for parents to see.	<i>as stated before I will post "non compliance statement" where each parent can view them (repeated)</i>	<i>12/4/2019</i>	

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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

12/4/2019

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>250.04(6)(a)1. Child Record - Enrollment & Health History Forms</p> <p>Description: One child was missing their health history report in their file - see checklist.</p>	<p>Will make sure each parent has all child records completed & updated.</p>	<p>3/4/2019</p>	
4	<p>250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement</p> <p>Description: 5 children did not have their alternate release forms on file at the facility - see checklist.</p>	<p>Will make sure each parent has all child records completed & updated.</p>	<p>3/4/2019</p>	
5	<p>250.04(6)(a)4.a. Child Record - Physical Exam - Under 2</p> <p>Description: Two children did not have a current (once every 6 months) physical on file - see checklist</p> <p>Repeat violation: Previously cited on 2/15/2019</p>	<p>Will make sure each parent has all child records completed & updated.</p>	<p>3/4/2019</p>	
6	<p>250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5</p> <p>Description: One child did not have a current (once every 2 years) physical on file - see checklist</p> <p>Repeat violation: Previously cited on 7/15/2019, 4/3/2018</p>	<p>Will make sure each parent has all child records completed & updated.</p>	<p>1/4/2020</p>	

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7	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Provider did not have 15 hours of continuing education in 2018	I will complete 2018 + 2019 Continuing Education = 2/1/2020	
8	250.07(7)(a) Pets & Animals - Health & Immunization Description: 1 cat rabies expired - appointment set for Friday 12/6/19. Expired ion 11/9/19	All animal Immunizations are up to date. appointment was rescheduled for 12/13/19	12/13/19

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
12/12/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jill Kellner

12/26/19