CORRECTION ORDER  
HUMAN SERVICES LICENSING ACT, CHAPTER 245A  

Child Foster Care 2960.3000 – 2960.3340  
**Family Child Care 9502.0300 – 9502.0445  Class A**  
Adult Foster Care 9555.5105 – 9555.6225  
Family Adult Day Services 245A.143  

Provider Name & Address  
Happy Times Child Care  

Licensing Worker  
Jane Jones  

On  

,_ a visit was made to determine compliance with the provisions of Minnesota Statutes/Rules. The following violations of licensing regulations were documented and must be corrected. Please submit in writing, notice of how these violations have been corrected and the date the corrections were made. Sign and date this form and return it to your licensor by . Your signature certifies that all the corrections listed below have been made.

<table>
<thead>
<tr>
<th>Citation Stat/Rule</th>
<th>Violation Description</th>
<th>Deadline for Correction</th>
<th>Date Corrected</th>
<th>How Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN Statutes 245C.03,1</td>
<td>No BGS on substitute caregiver</td>
<td>04/24/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN Statutes 245A.146, 4</td>
<td>No documentation available of monthly crib inspections</td>
<td>04/30/2011</td>
<td></td>
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<tr>
<td>MN Rules 9502.0365, 1 &amp; 9502.0367</td>
<td>Ten children in care, including 3 toddlers and 2 infants</td>
<td>04/24/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN Rules 9502.0405, 4A</td>
<td>Did not have admissions and arrangements forms for 5 children in care</td>
<td>04/30/2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Licensor Signature  
Jane Jones  

Date April 25, 2011  

Provider Signature  

Date  

**(Family Child Care programs)** Pursuant to Minnesota Statutes 2005, section 245A.06, subdivision 8, you must post, upon receipt and regardless of whether you request reconsideration, this correction order in a place that is conspicuous to the people receiving services and all visitors to the facility for two years.

If you believe the contents of this correction order to be in error, you may ask the Commissioner of the Department of Human Services to reconsider the parts of the correction order that you believe to be in error. The request for reconsideration must be in writing and postmarked and sent to the Commissioner within 20 calendar days after receipt of this correction order. A request for reconsideration of a correction order does not stay any of the provisions of the correction order.

Your request for reconsideration must be sent to:  
MN Department of Human Services  
Licensing Division – Family Systems Unit  
Po Box 64242  
St. Paul, MN 55164-0242  

October 2012