

AUG 19 2025

Date Correction Plan Due 8/4/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800 SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR
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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 Bright Beginnings Child Care		Provider Number / Facility ID Number 0000581000 / 001 - 1010447	
Address - Facility (Street, City, State, Zip Code) 4319 60Th St Kenosha WI 53144		Telephone Number 262-653-1263	Date - Regulation Visit 7/14/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1 did not have documentation of a current health report on file. Repeat violation: Previously cited on 7/9/2024	I have requested a new form from the parent 10/25	10/25
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child #2 did not have documentation of immunization record on file. Repeat violation: Previously cited on 7/9/2024	I have requested a new form from Parent 10-1-25	10-1-25

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(m) Biennial Training - Child Abuse & Neglect Description: Staff A did not have current child abuse and neglect training in staff file.	Attend required class	11-1-25	
4	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not have 15 hours of continuing education training in staff file.	Finish my continuing ed	12-1-25	

NAME - Agency Worker
Joel Martinez

Date Issued
7/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

7-21-2025

