Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/29/2022		262-446-7800

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
Bright Beginnings Child Care	0000581000 / 001 - 1010447

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4319 60Th St Kenosha WI 53144	262-653-1263	8/8/2022

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(c) **Staff File - Days, Hours Worked** Description: Provider is not recording the hours she is providing care to children.	I will physically write the exact time I start in the mornings and the exact time I get off at night not just leave 6am - 6pm	9-9-22	
2	250.055(2)(c) **Requirements For Additional Provider** Description: On the day of the licensing visit, the age distribution of the children exceeded the number that may served by one provider. Three children under the age of 2 years old and three children over the age of 2 years old were present with only one provider.	I explained the situtation to my parent. Let them know they had to find alternative child care. Gave them a notice and let them know	9-9-22	

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Bright Beginnings Child Care		0000581000 / 001 - 1010447	
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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
	that when the child turns 2yrs old they can re enroll if I have an opening at that time		

NAME - Certification Worker / Licensing Specialist
Charlene Langsdorf

Date Issued
8/15/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8.29.22