

Date Correction Plan Due 3/3/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Heather's Bright Beginnings Llc		Provider Number / Facility ID Number 9000588719 / 001 - 2002270	
Address - Facility (Street, City, State, Zip Code) N4383 Meridian Ave Granton WI 544368613		Telephone Number 715-615-3770	Date - Regulation Visit 12/11/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #1's Child Health Report form was incomplete. The date of the child's physical exam was not provided on the form. The child is under 2 years of age and first day of attendance was 9-1-2023. The child care is required to maintain a record of the child's physical examination completed every 6 months.	Remind parents to get their paperwork done done and turned in.	3/1/25
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: The Child Health Report form for Child #2 and Child #3 showed their last physical examination being over 2 years ago. Both children are over 2 years of age and are required to have a physical examination completed every 2 years, or have an exception to this requirement.	Remind parents to complete their paperwork on time.	3/1/25

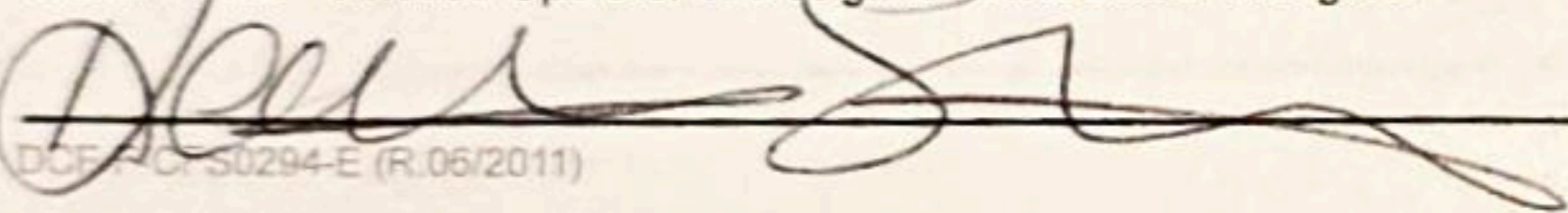
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Address - Facility (Street, City, State, Zip Code) N4383 Meridian Ave Granton WI 544368613		Telephone Number 715-615-3770	Date - Regulation Visit 12/11/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Center did not have the immunization history record for Child #1. Child #1's first day of attendance was 9-1-2023.	Remind parents to complete paperwork on time	3/1/25
4	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Provider did not have 15 hours of continuing education completed for the 2023 annual period.	Have a more organized system to show proper completed training	through-cut 2025
5	250.07(6)(b)1. Medical Log Book Description: Licensing Specialist request for review of the child care's medical log book and the Licensee was unable to locate it.	Put into a well known, consistent place	2-19-25

NAME - Agency Worker
Sou Yang

Date Issued
2/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



02-19-2025