DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/1/2026		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 From The Start Intgl Ctr Llc		7000588317 / 001 - 2002007
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
625 55Th St Ste 100 Kenosha WI 531403731	262-605-2221	8/18/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: Documentation of results from the most recent monitoring visit were not posted	Administration will respond to correction plan on the day received to ensure form is completed, submitted, & posted.	8/24/26	
2	251.04(3)(f) **Report - Plan Of Correction** Description: Documentation of a plan of correction was not received from the most recent visit	Administration will post correction plans immediately after completion.	8/24/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(9)(a)2. **Kitchen Equipment & Utensils - Safe & Sanitary** Description: The freezer contained a visible spill or a purple liquid	One on one held stating importance of ensuring spills are cleaned immediately.	8/18/26	
4	251.06(9)(d)1.b. **Food Storage - Refrigeration Units** Description: The thermometer in the freezer measured the temperature top be 30 degrees	One on one held stating the importance of daily checking kitchen thermostat.	8/18/26	

NAME - Agency Worker
Colleen Hanser

Date Issued
8/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Juana Razo

Date Signed
8/24/26