**Date Correction Plan Due** 

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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.

Nam	e - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number			
Brig	ht From The Start Intgl Ctr Llc	70005	7000588317 / 001 - 2002007			
Address - Facility (Street, City, State, Zip Code) 625 55Th St Ste 100 Kenosha WI 531403731		Telephone Number 262-605-2221	Date - Regulation Visit 4/7/2021			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
1	251.04(2)(m)  Health, Safety & Welfare Of Children  Description: Staff in one year old class observed not wearing required face covering. Staff in two year old room observed not wearing face mask properly covering both nose and mouth.  Repeat violation: Previously cited on 11/24/2020, 11/9/2020	Staff one on one held covering facility tolicy on health safety to wellowe by children	4-7-2021 es			
2	251.06(9)(g)1.b.  Meal Preparation Staff - Clothing, Hair Restraints  Description: Kitchen staff not wearing effective hair restraint during meal prep	Start one on one held Covering Mea Preparation Start Clothing, Mair Rest	f raints	RECEIVED OF WISCONSIN		

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DCF DECE BECR Page 2 of 3

Nam	Name - Certified Operator / Licensed Center Provider Number / Facility ID Number					
Brig	ht From The Start Intgl Ctr Lic	7000588317 / 001 - 2002007				
Address - Facility (Street, City, State, Zip Code) 625 55Th St Ste 100 Kenosha WI 531403731		Telephone Number 262-605-2221	Date - Regulation Visit 4/7/2021			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
3	251.09(2)(k) Infant & Toddier - Adult-Size Chairs Description: No adult chair in one year old classroom	Adult Chair ws Placed Dack Into Clastram	, ,			

NAME - Certification Worker / Licensing Specialist Paul Spink	Date Issued	
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed	
<u> </u>	5-7-2021	