

Date Correction Plan Due 10/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Bethel's House Family Child Care	Provider Number / Facility ID Number 1000583781 / 001 - 2000647
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Address - Facility (Street, City, State, Zip Code) 2711 W Spencer St Grand Chute WI 549144316	Telephone Number 920-205-5256	Date - Regulation Visit 9/24/2025
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#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(a)4. Child Record - Physical Exam</p> <p>Description: Based on record review on 9/24/25 according to the Child Record Checklist Child 4 and Child 5 failed to have health reports on file. Child #5 had physical on file dated 3/18/24. Child #4 last physical on file was 3/21/22</p>	<p>Child #5 Now has new form on file dated 9/30/25</p> <p>Child #4 Mother has been given until 10/15 to turn in a health form giving her time to schedule and complete an appointment</p>	<p>#5 9/30/25</p> <p>→ on file by 10/15/25 Appointment on 10/21</p>	
2	<p>250.05(3)(fm) Biennial Training - Child Abuse & Neglect</p> <p>Description: Based on record review on 9/24/25 according to the Staff Record Checklist Staff Member A failed to have biennial child abuse and neglect training on file.</p> <p>Repeat violation: Previously cited on 11/7/2024</p>	<p>To be completed 10/1/25</p> <p>Completed 10/1/25</p>	<p>10/1/25</p>	

RECEIVED
NERO - GREEN BAY
OCT 09 2025
DEPT. OF CHILDREN & FAMILIES

10/14/2025 19:42:21

2/3

Name - Certified Operator / Licensed Center Bethel's House Family Child Care		Provider Number / Facility ID Number 1000583781 / 001 - 2000647	
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3 250.06(2)(n)5. Radon - Continuous Testing Description: Based on record review the program failed to have a updated Radon Test on file. The previous Radon test results expired 3/21/25.	Test completed 8/14/25 @ 8:45 A.M. - test at 2.9 Test completed by A-I Vacuum and Radon	8/14/2025	

NAME - Agency Worker
Cassandra Debauche

Bethel's House Family Child Care

Date Issued
9/29/2025

10/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Bethel Debauche

Date Signed

10/14/2025