DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 11/5/2026	**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.

Name - Certified Operator / Licensed Center		**Provider Number / Facility ID Number**	
Beezy's Bright Future Childcare		7000594837 / 001 - 2009638	
Address - Facility (Street, City, State, Zip Code) 1654 W Hopkins St Milwaukee WI 532062230	**Telephone Number** 262-444-3190	**Date - Regulation Visit** 10/22/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1 251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff B C & E did not have a complete health report in file for review	all staff will complete a submit physical examination.	12/1/26	
2 251.05(2)(a)5. **Staff Record - High School Diploma** Description: Staff E did not have a high school diploma or documentation of completion in file for review	all staff will provide a copy of their high school diploma	12/1/26	

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1654 W Hopkins St Milwaukee WI 532062230		262-444-3190	10/22/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff A did not have a complete orientation form in file for review	all staff will complete orientation form & documentation will be kept on file	12/1/26	
4	251.07(5)(a)6 **Menus - Changes** Description: Menu of changes of actual meals being served were not updated on menus.	all menu changes will be documented & updated on the post menu daily	11/5/26	

NAME - Agency Worker
Tiarra Trammell

Date Issued
10/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/3/26