

Date Correction Plan Due 12/1/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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)(7), 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. 48.667. 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	
Shine Bright On Main		9000593269 / 001 - 2008305	
Address - Facility (Street, City, State, Zip Code) 122 E Main St Coleman WI 541129315		Telephone Number 715-781-6855	Date - Regulation Visit 11/3/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: Staff C did not have a staff record form on file.	Form was completed but offsite. Added to file next day	11-14-25	
2 251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Staff C did not have educational qualifications on file.	Actively working on finding out what courses are needed and if the NUTC classes she is enrolled in count towards anything.	Some courses were completed and on the registry but not printed out. Other courses are being worked out.	
3 251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Staff C did not have orientation on file.	Form was completed but offsite Added to file next day	11-14-25	

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Shine Bright On Main

Provider Number / Facility ID Number

9000693269 / 001 - 2008305

Address - Facility (Street, City, State, Zip Code)

122 E Main St Coleman WI 541129315

Telephone Number

715-781-6655

Date - Regulation Visit

11/3/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Date - Regulation Visit	
			Expected Completion Date	Verification Date
4	251.05(3)(b) Abusive Head Trauma Prevention Training  Description: Staff C did not have abusive head trauma prevention training on file prior to beginning work with children under 5 years of age.	Enrolled immediately	11-14-25	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training  Description: Staff B did not have current documentation of CPR on file.	Enrolled and taken immediately	11-14-25	
6	251.05(3)(om) Child Abuse & Neglect - Biennial Training  Description: Staff C and Staff D did not have documentation of current child abuse and neglect training on file.	Staff C enrolled immediately. Staff D - obtained record and added to file	11-14-25 11-13-25	
7	251.06(9)(c)3m. Food Preparation Location Requirements  Description: Meals are prepared off-site in a location that has not been inspected by a representative of a state agency.	Effective immediately Meals are prepared on Site.	11-13-25	

Name - Certified Operator / Licensed Center

Shine Bright On Main

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9000593299 / 001 - 2008305

Address - Facility (Street, City, State, Zip Code)

122 E Main St Coleman WI 541129315

Telephone Number  
715-781-6855Date - Regulation Visit  
11/3/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
8	251.07(5)(a)4. <b>Meals &amp; Snacks - Minimum Meal Requirements</b>  Description: Meals and snacks documented on the menus do not meet minimum meal requirements for amounts and types of food.	Effective immediately meals meet requirements	11-14-25	
9	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes in Development</b>  Description: Intake Under 2 forms were not updated every three months.	Effective immediately process in place to obtain updates. All forms have been updated.	11-14-25	

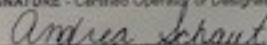
NAME - Agency Worker

Erin Taylor

Date Issued

11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11-17-25