

Date Correction Plan Due
2/27/2026

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 202.085, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(N), 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 Horizons At Pewaukee

6000558236 / 006 - 1003428

Address - Facility (Street, City, State, Zip Code)
2240 Golf Rd Pewaukee WI 53072

Telephone Number
262-701-9300

Date - Regulation Visit
2/5/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.055(1)(a) Supervision Of Children Description: The center failed to provide sight and sound supervision, to prevent harm and ensure safety of children in care when a child under the age of one year old was left in a classroom unattended by a child care worker, for approximately 4 to 5 minutes, per a self-report.</p>	<p>Immediate self-reporting to applicable agencies, administrative leave for involved staff members, notifications to impacted families, regular retraining on Transition Tracking, Supervision, and ensuring mentorship of new hires with veteran staff for accountability, oversight, and demonstration of proper procedures, routine and random observations of staff with team meetings to review and document progress. All staff were retrained on transition tracking on 2/16/2026.</p>	<p>2/16/2026</p>	
<p>2 251.055(1)(I) Child Tracking Procedure Description: Per self-report, the center failed to adhere to a procedure to ensure the whereabouts of children in care were known to assigned child care workers at all times, when a child under the age of one year old was left unattended in a classroom for approximately 4 or 5 minutes.</p>	<p>Immediate self-reporting to applicable agencies, administrative leave for involved staff members, notifications to impacted families, regular retraining on Transition Tracking, Supervision, for all staff, ensuring mentorship of new hires with veteran staff for accountability, oversight, and demonstration of proper procedures, routine and random observations of staff with team meetings to review and document progress. All staff were retrained on transition tracking on 2/16/2026.</p>	<p>2/16/2026</p>	

Name - Certified Operator / Licensed Center

Bright Horizons At Pewaukee

Provider Number / Facility ID Number
6000568236 / 006 - 1003426

Address - Facility (Street, City, State, Zip Code)
2240 Golf Rd Pewaukee WI 53072

Telephone Number
262-701-9300

Date - Regulation Visit
2/5/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker

Tisha Harrell

Date Issued
2/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tisha Harrell

Date Signed

2/15/26