

Date Correction Plan Due 3/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--	--	---

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 Bridges Child Enrichment Center		Provider Number / Facility ID Number 9000559709 / 001 - 420071		
Address - Facility (Street, City, State, Zip Code) 313 S State St Appleton WI 549115929		Telephone Number 920-739-3840	Date - Regulation Visit 2/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)3. Parent Notification - Minor Injury Description: Based on a complaint investigation a child received an injury to the lip on February 2, 2025 while in care and it failed to be reported to the parent.	Procedures have been reviewed w/ classroom staff. Staff have been instructed to notify a parent of any incident that could result in an injury even if one is not seen or reported by child at the time.	2/14/25	
2	251.04(6)(a)1. Child Record - Enrollment Information Description: Based on record review on 2/12/25 according to the Child Record Checklist Child 1 failed to have a enrollment form on file. Child 1 had some information on the DCF'S Enrollment form but not all of the Departments required information was provided.	We will work with our school district partner to obtain the missing information and get the parent to complete a DCF enrollment form.	4/15/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Bridges Child Enrichment Center		9000559709 / 001 - 420071	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
313 S State St Appleton WI 549115929		920-739-3840	2/12/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.04(6)(a)5. Child Record - Alternate Arrival / Release Agreement Description: Based on record review on 2/12/25 according to the Child Record Checklist Child 1 failed to have a alternate arrival/release agreement on file. The departs via bus.	We will have the parent complete an alternate arrival / release agreement for the bus she rides to and from 4K.	4/15/25	
4 251.04(6)(a)6. Child Record - Health History Description: Based on record review on 2/12/25 according to the Child Record Checklist Child 1 failed to have a Health History form on file. Child 1 had some information on the DCF'S Health History form but not all of the Departments required information was provided.	We will work with our school district partner's nurse to obtain the missing information and get the parent to complete the DCF Health History form.	4/15/25	
5 251.04(6)(a)8. Child Record - Physical Examination Description: Based on record review according to the Child Checklist Child 1 failed to have a Child Health Report on file.	We will work with our school district partner's nurse to obtain the required Child Health Report from the parent or child's physician.	4/30/25	

Name - Certified Operator / Licensed Center Bridges Child Enrichment Center		Provider Number / Facility ID Number 9000559709 / 001 - 420071	
Address - Facility (Street, City, State, Zip Code) 313 S State St Appleton WI 549115929		Telephone Number 920-739-3840	Date - Regulation Visit 2/12/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
6	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: Based on a complaint investigation a child received an injury to the lip on February 2, 2025 while in care and it failed to be documented within the medical log book.	Procedures have been reviewed w/ classroom staff. Staff have been instructed to log an incident that could result in a physical injury even if one is not visible or reported by the child at the time.	2/14/25

NAME - Agency Worker
Cassandra Debauche

Date Issued
3/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Nicole D... [Handwritten Signature]

Date Signed

3/18/2025