

Date Correction Plan Due 7/29/2025	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		Provider Number / Facility ID Number	
Bright Beginnings Childcare Dp		9000568029 / 004 - 1007801	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2150 American Blvd De Pere WI 541157455		920-327-1844	6/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff E did not have documentation on file of a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired.	<i>STAFF E Scheduled physical With DR.</i>	<i>9/12/25</i>
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have documentation on file of a current certificate of completion for infant and child CPR within 3 months after beginning to work with children in care. Staff B did not have CPR completed from an agency approved by the Department.	<i>STAFF A - completed CPR on 7/17/25</i> <i>STAFF B - Redid CPR through approved training agency on 7/2/25.</i>	<i>7/17</i>

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Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker

Erin Taylor

Date Issued

7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

7/30/25