Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/31/2026		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
Bright Minds Family Child Care Llc	1000587511 / 002 - 2004238

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
3125 S 53Rd St Milwaukee WI 532194521	414-897-0070	7/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1 had incomplete authorized persons and emergency contact persons available for review at the time of the monitoring visit. Child 2 had incomplete emergency contact information available for review at the time of the monitoring visit. Child 3 had incomplete authorized persons and emergency contact information available for review at the time of the monitoring visit.	I will make sure the parents add a line or N/A in the section where they do not want to share.	8/01/2026	
2	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 1, Child 2 and Child 3 did not have immunization paperwork during the monitoring visit.	I will make sure that all immunization records are available in the childs file for review.	9/30/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child 2 did not have a health report available for review at the time of the monitoring visit.	I will make sure that all the children have a health reports available in there file for review.	9/30/2026	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff B CPR certification is not a current CPR certification. Repeat violation: Previously cited on 6/4/2025	I will make sure that certifications are available in the teachers files for review.	9/01/2026	
5	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff A had an incomplete orientation during the monitoring visit.	I will make sure that orientations are complete for review.	8/01/2026	
6	251.07(3)(f) **Trampolines & Inflatable Bounce Surfaces** Description: There was a trampoline in the center that was accessible to children in care and has been utilized by children in care.	trampoline will be removed or not accessible to children in care.	8/01/2026	

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7	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Medical log book hasn□t been reviewed within the past six months as required.	I will make sure to sign in the correct area in the medical log book for review.	9/01/2026	

NAME - Agency Worker
Mindi Sabljak, Rhonda Brueggemann

Date Issued
7/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tawana Watkins

Date Signed