Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/9/2026		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		Provider Number / Facility ID Number	
Abc Bridge Academy		2000593892 / 001 - 2008853	
Address - Facility (Street, City, State, Zip Code) 1720 N 8Th St Sheboygan WI 530812773	**Telephone Number** 920-943-9231	**Date - Regulation Visit** 3/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A 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.	Staff A completed and submitted the required physical examination documentation, and it has been placed in the staff file. Future staff records will be reviewed to ensure compliance before employment	3/20/26	3/20/26
2	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff C did not have documentation on file of orientation.	Staff C completed orientation and documentation has been added to the staff file. Future orientation records will be completed and ~~filled b~~ filed before staff begin working.	3/20/26	3/20/26

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff C did not have documentation on file of training on preventing abusive head trauma.	Staff C completed the required abusive head trauma prevention training, and documentation has been added to the staff file. Future training records will be completed and filed before staff begin working.	3/20/26	3/20/26
4	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff C did not have documentation on file of training on child abuse and neglect reporting requirements.	Staff C completed the required child abuse and neglect training, and documentation has been added to the Staff file. Future training records will be maintained in all Staff files.	3/20/26	3/20/26
5	251.05(3)(gr)3.a. **Meal Prep Personnel - Training** Description: Staff C did not have documentation on file of at least 4 hours of training in kitchen sanitation, food handling, and nutrition prior to beginning work.	Staff C completed the required kitchen sanitation, food handling, and nutrition training, and documentation has been added to the staff file. Future training documentation will be completed prior to beginning work.	3/20/26	3/20/26

NAME - Agency Worker
Erin Taylor

Date Issued
3/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
L Bernd

Date Signed
5/28/26