



City of Madison

Proposed Conditional Use

Location
7713 Twinflower Drive

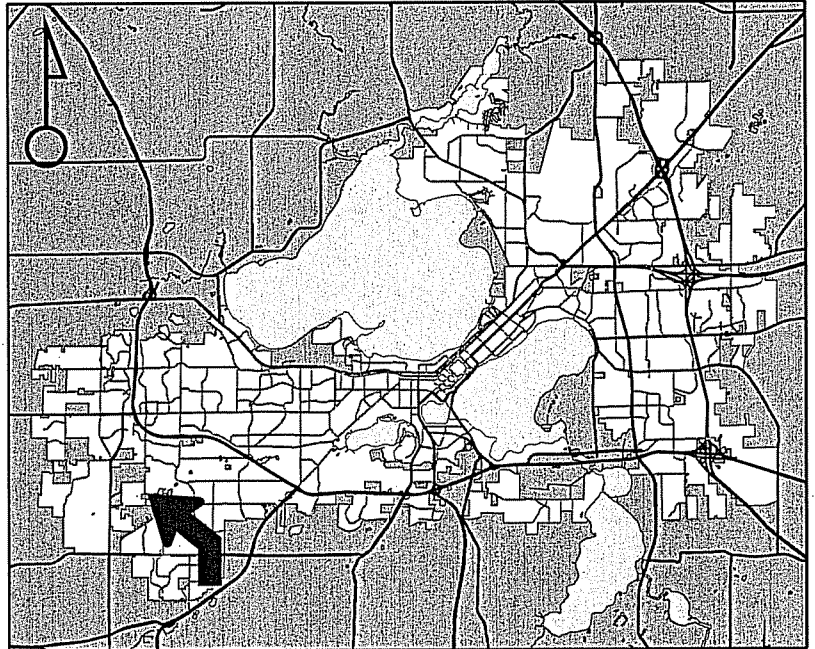
Project Name
Bright Beginnings Day School

Applicant
Phurbu Tsering/Barret V. Van Sicklen -
DeWitt Ross & Stevens S.C.

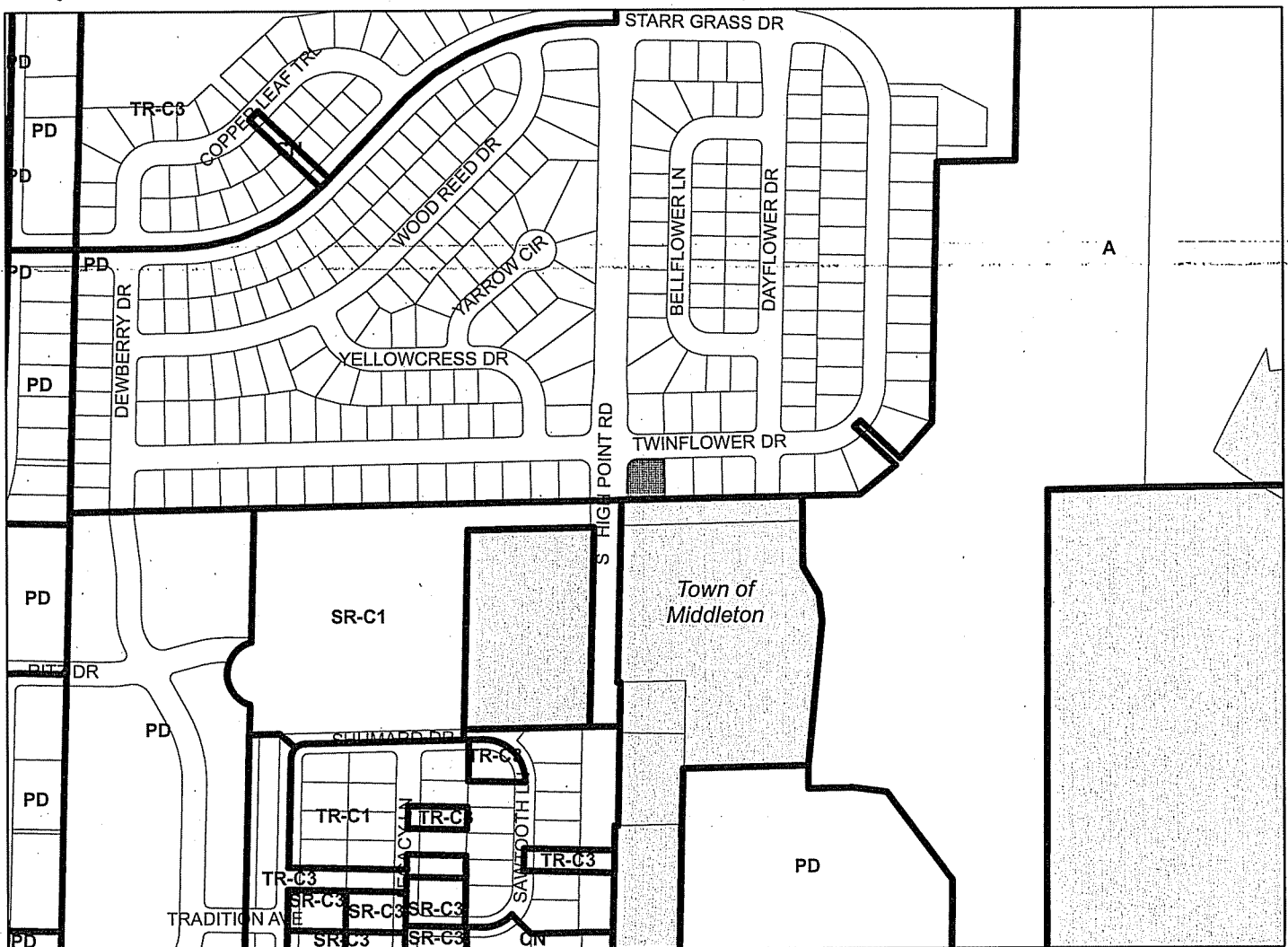
Existing Use
Single-family house

Proposed Use
Allow for home daycare facility

Public Hearing Date
Plan Commission
11 August 2014

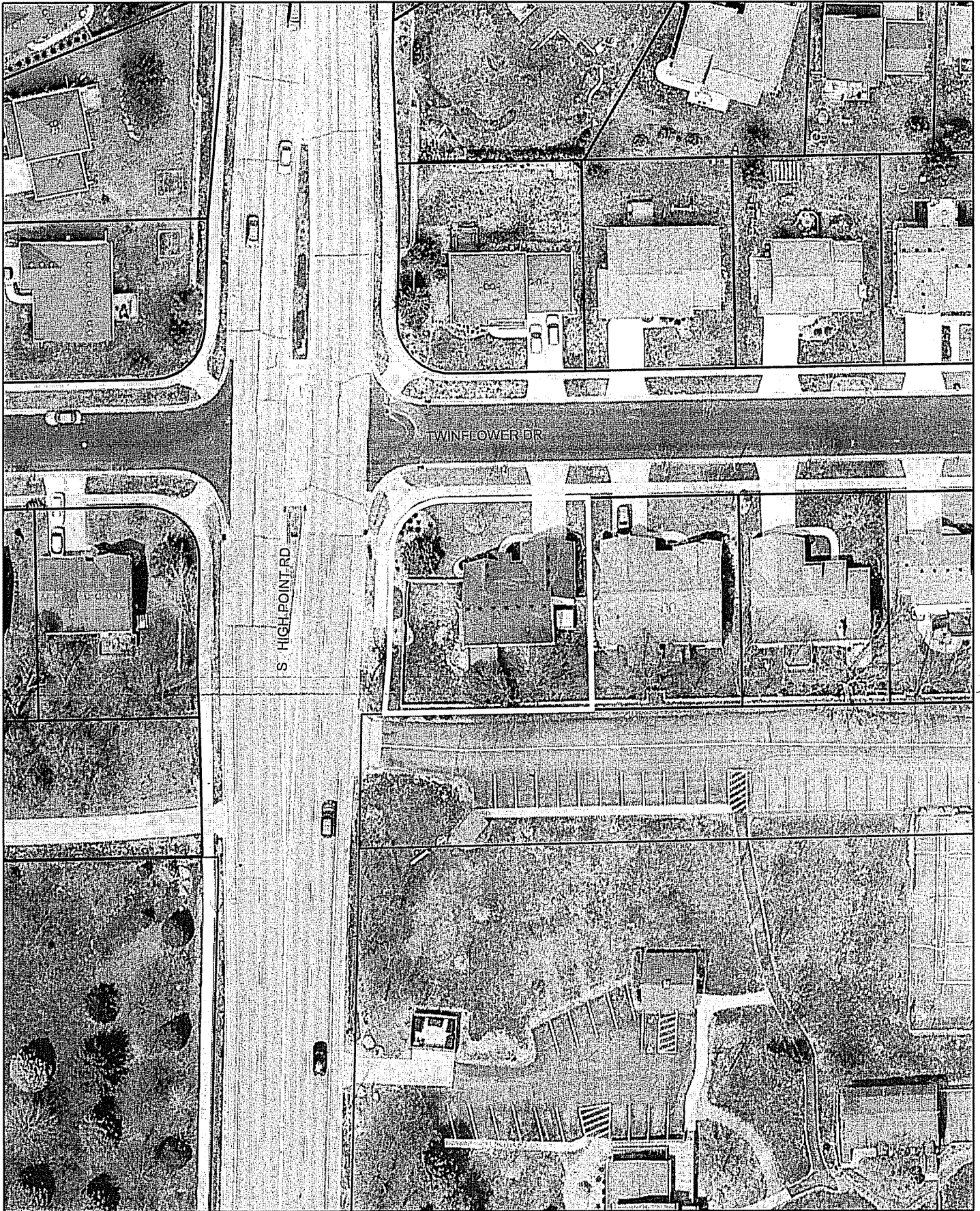


For Questions Contact: Kevin Firchow at: 267-1150 or kfirchow@cityofmadison.com or City Planning at 266-4635



Scale : 1" = 400'

City of Madison, Planning Division : RPJ : Date : 01 August 2014





LAND USE APPLICATION

CITY OF MADISON

215 Martin Luther King Jr. Blvd; Room LL-100
PO Box 2985; Madison, Wisconsin 53701-2985
Phone: 608.266.4635 | Facsimile: 608.267.8739

- All Land Use Applications should be filed with the Zoning Administrator at the above address.
- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application.
- This form may also be completed online at:
www.cityofmadison.com/developmentcenter/landdevelopment

FOR OFFICE USE ONLY:	
Amt. Paid _____	Receipt No. _____
Date Received _____	
Received By _____	
Parcel No. _____	
Aldermanic District _____	
Zoning District _____	
Special Requirements _____	
Review Required By:	
<input type="checkbox"/> Urban Design Commission	<input type="checkbox"/> Plan Commission
<input type="checkbox"/> Common Council	<input type="checkbox"/> Other: _____

Form Effective: February 21, 2013

1. **Project Address:** 7713 Twin Flower Drive, Madison, WI 53719
Project Title (if any): _____

2. **This is an application for (Check all that apply to your Land Use Application):**

- Zoning Map Amendment from _____ to _____
- Major Amendment to Approved PD-GDP Zoning Major Amendment to Approved PD-SIP Zoning
- Review of Alteration to Planned Development (By Plan Commission)
- Conditional Use, or Major Alteration to an Approved Conditional Use
- Demolition Permit
- Other Requests: _____

3. **Applicant, Agent & Property Owner Information:**

Applicant Name: Sarah Tuttle **Company:** Bright Beginnings Day School
Street Address: 933 South Holt Circle **City/State:** Madison, WI **Zip:** 53719
Telephone: (608) 335-8808 **Fax:** () **Email:** _____

Project Contact Person: Barret V. Van Sicklen **Company:** DeWitt Ross & Stevens S.C.
Street Address: 2 East Mifflin Street, Suite 600 **City/State:** Madison, WI **Zip:** 53703
Telephone: (608) 252-9386 **Fax:** (608) 252-9243 **Email:** bvv@dewittross.com

Property Owner (if not applicant): Phurbu Tsering
Street Address: 1105 Temkin Avenue **City/State:** Madison, WI **Zip:** 53705

4. **Project Information:**

Provide a brief description of the project and all proposed uses of the site: To run a family home daycare

Development Schedule: Commencement N/A Completion N/A

5. Required Submittal Information

All Land Use applications are required to include the following:

Project Plans including:*

- Site Plans (fully dimensioned plans depicting project details including all lot lines and property setbacks to buildings; demolished/proposed/altered buildings; parking stalls, driveways, sidewalks, location of existing/proposed signage; HVAC/Utility location and screening details; useable open space; and other physical improvements on a property)
- Grading and Utility Plans (existing and proposed)
- Landscape Plan (including planting schedule depicting species name and planting size)
- Building Elevation Drawings (fully dimensioned drawings for all building sides, labeling primary exterior materials)
- Floor Plans (fully dimensioned plans including interior wall and room location)

Provide collated project plan sets as follows:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of 1 inch = 20 feet (folded or rolled and stapled)
- **Twenty Five (25) copies** of the plan set reduced to fit onto 11 X 17-inch paper (folded and stapled)
- **One (1) copy** of the plan set reduced to fit onto 8 ½ X 11-inch paper

* For projects requiring review by the **Urban Design Commission**, provide **Fourteen (14) additional 11x17 copies** of the plan set. In addition to the above information, all plan sets should also include: 1) Colored elevation drawings with shadow lines and a list of exterior building materials/colors; 2) Existing/proposed lighting with photometric plan & fixture cutsheet; and 3) Contextual site plan information including photographs and layout of adjacent buildings and structures. The applicant shall bring samples of exterior building materials and color scheme to the Urban Design Commission meeting.

Letter of Intent: Provide one (1) Copy per Plan Set describing this application in detail including, but not limited to:

- | | | |
|---|---|--|
| • Project Team | • Building Square Footage | • Value of Land |
| • Existing Conditions | • Number of Dwelling Units | • Estimated Project Cost |
| • Project Schedule | • Auto and Bike Parking Stalls | • Number of Construction & Full-Time Equivalent Jobs Created |
| • Proposed Uses (and ft ² of each) | • Lot Coverage & Usable Open Space Calculations | • Public Subsidy Requested |
| • Hours of Operation | | |

Filing Fee: Refer to the Land Use Application Instructions & Fee Schedule. Make checks payable to: *City Treasurer*.

Electronic Submittal: All applicants are required to submit copies of all items submitted in hard copy with their application as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to pcapplications@cityofmadison.com.

Additional Information may be required, depending on application. Refer to the Supplemental Submittal Requirements.

6. Applicant Declarations

Pre-application Notification: The Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than 30 days prior to FILING this request. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:

Waiver granted

→ If a waiver has been granted to this requirement, please attach any correspondence to this effect to this form.

Pre-application Meeting with Staff: Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning and Planning Division staff; note staff persons and date.

Planning Staff: Matt Tucker Date: 3/14/14 Zoning Staff: Greg Patmythes Date: 3/14/14

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of Applicant Sarah Tuttle

Relationship to Property: Lessor

Authorizing Signature of Property Owner Phurbu Tsering

Digitally signed by Phurbu Tsering
DN: cn=Phurbu Tsering, o, ou, email=br@denverco.com,
c=US
Date: 2014.06.25 09:14:23 -0507

Date 6/25/14

Vicki L. Owen

From: Barret V. Van Sicklen
Sent: Wednesday, June 25, 2014 9:17 AM
To: Vicki L. Owen
Subject: FW: BBDS -- Conditional Use Permit

Waiver

Barret V. Van Sicklen
Attorney
DeWitt Ross & Stevens S.C.
bvvd@dewittross.com
Ph: 608-252-9386
F: 608-252-9243

DeWitt
Ross & Stevens 
www.dewittross.com

v-card >> bio >>

Two East Mifflin Street, Suite 600 | Madison, WI 53703-2865

From: Subeck, Lisa [<mailto:district1@cityofmadison.com>]
Sent: Sunday, June 22, 2014 7:49 AM
To: Barret V. Van Sicklen
Subject: RE: BBDS -- Conditional Use Permit

Barret,

Yes, I will waive the 30 day pre-application period. Can you please provide information regarding what concerns were addressed and how they were addressed?

Thanks,
Lisa

Lisa Subeck
District 1 Alder

(608) 358-7090
district1@cityofmadison.com

From: Barret V. Van Sicklen <bvvd@dewittross.com>
Sent: Tuesday, June 17, 2014 4:24 PM
To: Subeck, Lisa
Subject: BBDS -- Conditional Use Permit

Alderwoman Subeck,

Are you still willing to waive the 30 day pre-application notification requirement? Bright Beginnings Day School would like to submit its application for a Conditional Use Permit at 7713 Twin Flower Drive and 1109 Morraine View Drive on June 25, 2014.

I also want you to know that we met with the Valley Ridge Homeowners Association last night and addressed all of their concerns.

Please advise. Thank you.

Barret

IRS Circular 230 Disclosure: To comply with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained herein (including any attachments), unless specifically stated otherwise, is not intended or written to be used, and cannot be used, for the purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter herein.

This message is a PRIVATE communication. This message and all attachments are a private communication sent by a law firm and may be confidential or protected by privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in or attached to this message is strictly prohibited. Please notify the sender of the delivery error by replying to this message, and then delete it from your system. Thank you.

June 25, 2014

Department of Planning and Community & Economic Development
Madison Municipal Building
215 Martin Luther King Jr. Blvd, Suite LL 100
Madison WI 53703

RE: Conditional Use Permit – Bright Beginnings Day School

Dear Department:

We represent Sarah Tuttle and Bright Beginnings Day School (hereafter “BBDS”). Ms. Tuttle is the applicant for a conditional use permit to conduct a family daycare home at 7713 Twin Flower Drive, Madison, Wisconsin 53719 (“Twin Flower”). Ms. Tuttle seeks a conditional use permit pursuant to a recent change in Madison’s zoning code relative to family daycares run out of homes located in zoned districts in which a single-family residence is a permitted use. Ms. Tuttle does not reside at Twin Flower, but wishes for BBDS to operate a family daycare at that location. Thus, she is seeking a conditional use permit pursuant to the recently amended ordinance.

Applicable Law

Earlier this year, Section 28.151 of the Madison General Ordinances was amended, and now provides:

Day Care Home, Family.

- (a) The family day care home shall be the principal place of residence of the provider, as defined in Wis. Admin. Code ch. DCF 250.
- (b) Conditional use approval is required in the licensee, as defined in Wis. Admin. Code ch DCF 250, does not reside at, or have its principal place of business at, the family day care home.
- (c) No more than two employees who do not reside in the dwelling are permitted.

Department of Planning and Community & Economic Development

June 25, 2014

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Previously, Madison's zoning code required that a family daycare home be the principal place of residence of the daycare home's operator. Now, it only requires that the home be the principal place of the "provider." Additionally, it requires a conditional use permit if the licensee does not reside at, or have its principal place of business at, the home.

A "provider" is defined by Wis. Admin. Code ch DCF 250.03(27) as "an adult who has met the requirements specified in s. DCF 250.05(1) in a family child care center and who provides care and supervision of the children in the care of the center."

A "licensee" is defined by Wis. Admin. Code ch DCF 250.03(18) as "the individual, corporation, partnership, limited liability company, non-incorporated association or cooperative that has the legal and fiscal responsibility for the operation of a center and for meeting the requirements of this chapter."

About BBDS

Ms. Tuttle is the owner of BBDS. She started BBDS in 2002 with the goal of providing exceptional quality care in a safe home-away-from-home environment. BBDS currently has three locations – at 933 South Holt Circle, Madison, Wisconsin 53719,¹ 7713 Twin Flower Drive, Madison, Wisconsin 53719, and 1109 Morraine View, Madison, Wisconsin 53719.² All three locations are fully licensed and accredited.

Pursuant to Ms. Tuttle's license with the State of Wisconsin (a copy of the license is attached at Tab A), only eight (8) children are allowed at the home at any given time.³ Additionally, the hours of operation pursuant to its license are from 6:30 a.m. through 6:30 p.m., Monday through Friday (although BBDS is typically only open from 7:30 a.m. through 5:30 p.m., Monday through Friday). Moreover, although BBDS is licensed to serve children up to twelve (12) years old, it only allows kids to enroll up until the age of Kindergarten.

Finally, pursuant to the terms of the license, Ms. Tuttle and BBDS must maintain certain standards as set forth in Wis. Admin. Code ch. DCF 250. Failure to meet these standards could result in a license being revoked. Since 2002, Ms. Tuttle and BBDS have always maintained a license and have likewise earned the highest accreditation and rating available.

¹ Ms. Tuttle resides at this location and, thus, does not need a conditional use permit.

² Ms. Tuttle is contemporaneously applying for a conditional use permit at this location too.

³ Provided the appropriate employee/child ratio is maintained as set forth by the State of Wisconsin.

Department of Planning and Community & Economic Development
June 25, 2014
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The Department Should Grant BBDS A Conditional Use Permit

Ms. Tuttle is seeking a conditional use permit so BBDS can operate a family daycare home at 7713 Twin Flower Drive, Madison, Wisconsin 53719. A copy of the site plan for the location is attached at Tab B.⁴

As set forth above, to operate a family daycare home at Twin Flower, Ms. Tuttle, in addition to a conditional use permit, must attest that: (1) a “provider” resides at the location; and (2) no more than two employees can work at BBDS’s Twin Flower location that do not reside there. Ms. Tuttle meets the requirements.

First, a “provider” is currently living at the home because Ashley Leonard is currently renting the home from Ms. Tuttle. A copy of Ms. Leonard’s Residential Lease is attached as Tab C. Ms Leonard meets the requirements of a “provider” as that term is defined by Wis. Admin. Code ch DCF 250.03(27). Indeed, a copy of relative documents showing that Ms. Leonard is a provider is attached at Tab D.

Second, no more than two employees who do not reside at Twin Flower work there. Indeed, the only employees at any given time are Ms. Leonard and one other BBDS employee.

Finally, the Department should grant Ms. Tuttle and BBDS a conditional use permit to operate a family daycare home at this location provided a “provider” resides at the home. A conditional use permit should be granted because, among other reasons:

1. The conditional use will not be detrimental to or endanger the public health, safety, or general welfare;
2. The conditional use will not prevent the City of Madison from providing municipal services to the property;
3. The conditional use will not substantially impair or diminish the use, value or enjoyment of other property in the neighborhood;⁵
4. The conditional use will not impede the normal and orderly development and improvement of the surrounding property;
5. The conditional use will have no impact on utilities, access roads, drainage, parking supply, or internal circulation units; and
6. The conditional use will conform with the applicable zoning code and Wisconsin law with respect to family daycare homes.

⁴ Although not relevant for the purpose of granting a conditional use permit, the home must meet certain requirements to be granted a license. This home has met all of the requirements.

⁵ Ms. Tuttle has already met with the Valley Ridge Homeowners Association and they do not oppose the granting of a conditional use permit.

DeWitt

Ross & Stevens s.c. Law Firm

Department of Planning and Community & Economic Development

June 25, 2014

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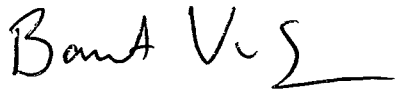
Summary

BBDS is the type of small, woman-owned business that the City of Madison should encourage. BBDS is a fully licensed and accredited family daycare home that meets all the standards for granting a conditional use permit. Therefore, the conditional use permit should be granted.

Respectfully submitted,

Sincerely,

DeWitt Ross & Stevens s.c.



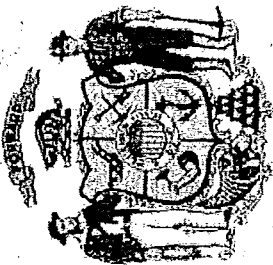
Barret V. Van Sicklen

BVV:vlo

Enclosures

cc: Bright Beginnings Day School (w/ enclosures)

State of Wisconsin



Probationary Child Care License

Sarah Tuttle

is licensed to operate a Family Child Care Center known as
BRIGHT BEGINNINGS DAY SCHOOL 2
7713 Twinflower Dr Madison, WI 53719-4544

Hours of Operation:

Months	Capacity		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Day	Night							
Jan - Dec	8	0	06:30 A - 06:30 P	06:30 A - 06:30 P	06:30 A - 06:30 P	06:30 A - 06:30 P	06:30 A - 06:30 P	06:30 A - 06:30 P	06:30 A - 06:30 P

Ages Served:

6 Week(s) to 13 Year(s)

ORIGINAL LICENSE DATE: 01/01/2014

PRINTED DATE: 01/02/2014

EXPIRATION DATE: 06/30/2014

This license is effective unless revoked, suspended or voluntarily surrendered. The Letter of Transmittal is incorporated herein. Any and all exceptions and stipulations or conditions to this license shall be posted near the license certificate.

This license is granted under the pertinent provisions of section 48.65 through 48.77 of Wisconsin statutes.

Provider Number: 2000574872 / 005

DCF-F-CFS0051-E (Revised 06/2011)

(Eloise Anderson)

Secretary

DEPARTMENT OF CHILDREN AND FAMILIES

To determine the current status of this license or to file a complaint regarding this facility, please contact: 6082662900

Facility Number: 2001560

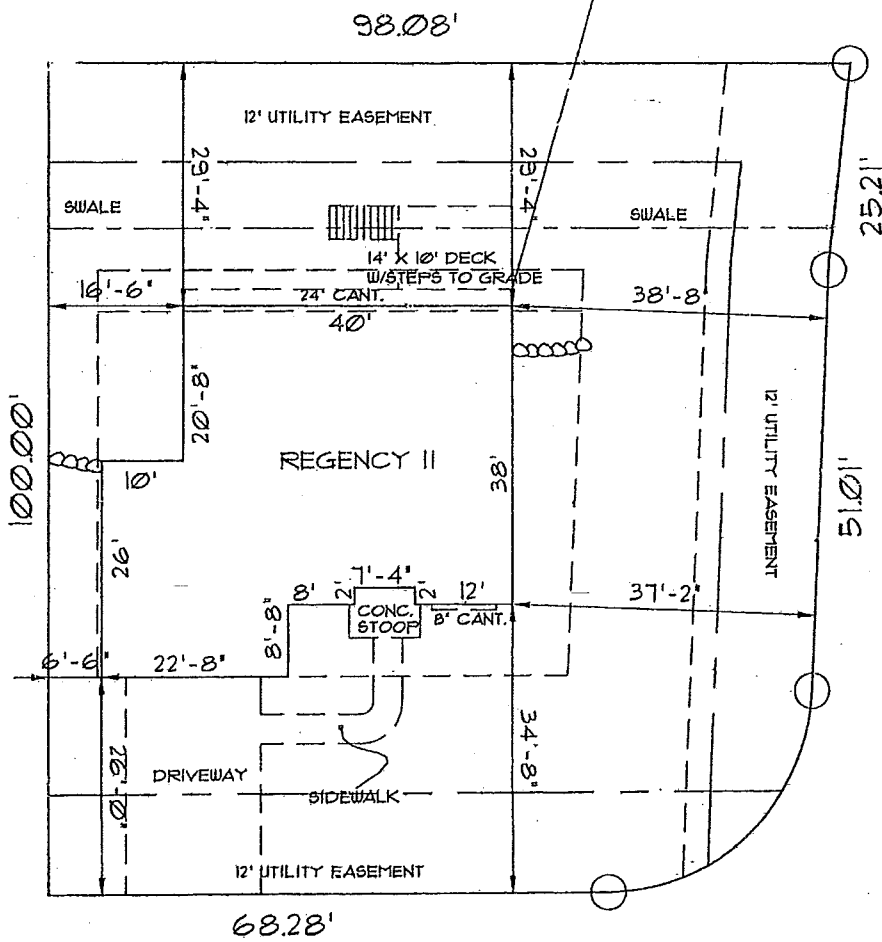
EXHIBIT

A

ZONING APPROVED
 DATE 12-26-2004
 BY R. Towle
 ZONING ADMINISTRATOR-MADISON, WISCONSIN



NOTE:
 600 LANDSCAPE
 POINTS REQUIRED
 FOR REAR YARD
 VARIANCE



S. HIGHPOINT RD

TWINFLOWER DRIVE

EXHIBIT
B

KEY
STD. SETBACK LINE
VARIANCE SETBACK
EASEMENT SETBACK

RESIDENTIAL LEASE

This Agreement for the lease of the Premises identified below is entered into by and between the Landlord and Tenant (referred to the singular whether one or more) on the following terms and conditions:

PARTIES

TEENANTS Ashley & Dan LEONARD
LANDLORD Name: SMITH JONATHAN TUTTLE
Address: 533 S Telford Madison WI 53719
Landlord's Agent for maintenance, management, service of notices and collection of rent - (Note in "Special Conditions" if more than one agent):
Name:
Address:

PREMISES

PREMISES Street Address: 713 Twinklaver Dr Madison, WI 53719
City/State/Zip: Madison

TERM

Apartment Unit No. _____ RENTAL TERM: 1 year
First Day of Term: June 1, 2014 Last Day of Term: May 31, 2015

This agreement is only for the stated term and is NOT automatically renewable. Landlord and Tenant must agree in writing if tenancy is to continue beyond the last day of the rental term.

UTILITIES

Tenant must pay all utility charges that are separately metered or subject to cost allocation, as follows:

Utility Charges	Electric	Heat	Water Bill	Unit Gas	Air Conditioning	Hot Water	Trash / Recycling
Included in Rent							
Separately Metered	1/2	1/2	1/2	1/2	X	X	X
Cost Allocation *							

* See Special Conditions.

RENT

Rent Amount \$ 600 per month due on or before the 1st day of each month. Rent checks shall be made payable to (Landlord) (Landlord's Agent) ~~(STRIKE ONE)~~ and mailed or delivered to (Landlord) (Landlord's Agent) ~~(STRIKE ONE)~~ ALL TENANTS, IF MORE THAN ONE, SHALL BE JOINTLY AND SEVERALLY LIABLE FOR THE FULL AMOUNT OF ALL PAYMENTS DUE UNDER THIS AGREEMENT.

SECURITY DEPOSIT

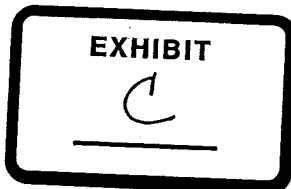
Upon execution of this Agreement, Tenant agrees to pay a security deposit in the amount of \$ 600 to be held by SMITH JONATHAN TUTTLE. The deposit, less any amounts legally withheld, will be returned in person or mailed to Tenant's last known address within 21 days after Tenant surrenders the Premises. Tenant is responsible for giving Landlord his/her new address. Surrender shall occur on the last day of the term provided in this Rental Agreement, subject to the exceptions described in Wis. Admin. Code § ATCP 134.06. Upon surrender, Tenant shall vacate the Premises and return, or account for, any of Landlord's property held by Tenant, such as keys, garage door openers, etc.

CHECK-IN REPORT

Tenant acknowledges receipt of Landlord's check-in report which tenant agrees to complete and return to Landlord by the 8th day of the tenancy. Tenant may request, in writing, a list of physical damages and defects charged to the previous tenant's security deposit no later than the 8th day of the tenancy.

SPECIAL CONDITIONS

Special Conditions: all lawn maintenance & snow removal by tenants



TENANT RULES & OBLIGATIONS USE

During the lease term, as a condition of Tenant's continuing right to use and occupy the Premises, Tenant agrees and promises, unless Landlord otherwise provides in writing, as follows:

1. To use the Premises for residential purposes only for Tenant and Tenant's immediate family.
2. To NOT make or permit use of the Premises for any unlawful purpose or any purpose that will injure the reputation of the Premises or the building of which they are a part.
3. To NOT use or keep in or about the Premises anything that would adversely affect coverage of the Premises or the building of which they are a part under a standard fire or extended insurance policy.
4. To NOT make excessive noise or engage in activities which unduly disturb neighbors or other tenants in the building in which the Premises are located.
5. To NOT permit in or about the Premises any pet unless specifically authorized by Landlord in writing.
6. To obey all lawful orders, rules and regulations of all governmental authorities and, if a condominium, any condominium association with authority over the premises.

PETS GOVT. REG.

MAINTENANCE

IMPROVEMENTS

GUESTS NEGLIGENCE

VACATION OF PREMISES

RULES

DAMAGE BY CASUALTY

CODE VIOLATIONS CONDITIONS AFFECTING HABITABILITY

SMOKE DETECTOR NOTICE

7. To keep the Premises in clean and tenable condition and in as good repair as on the first day of the lease term, normal wear and tear excepted.
8. To maintain a reasonable amount of heat in cold weather to prevent damages to the premises, and if damage results from Tenant's failure to maintain a reasonable amount of heat, Tenant shall be liable for this damage.
9. Unless Tenant has received specific written consent from Landlord, to NOT do or permit any of the following:
 - a. Paint upon, attach, exhibit, or display in or about the Premises any sign or placard.
 - b. Alter or redecorate the Premises.
 - c. Drive nails, tacks, and screws or apply other fasteners on or into any wall, ceiling, floor, or woodwork of the Premises.
 - d. Attach or affix anything to the exterior of the Premises or the building in which it is located.
10. To NOT permit any guest or invites to reside in the Premises without prior written consent of Landlord.
11. To be responsible for all acts of negligence or breaches of this agreement by Tenant and Tenant's guests and invitees, and to be liable for any resulting property damage or injury.
12. To NOT assign this Agreement nor sublet the Premises or any part thereof without the prior written consent of Landlord. If Landlord permits an assignment or a sublease, such permission shall in no way relieve Tenant of Tenant's liability under this Agreement.
13. To vacate the Premises at the end of the term, and immediately deliver the keys, garage door openers, parking permits, etc., and the Tenant's forwarding address to the Landlord.

Landlord may make additional reasonable rules governing the use and occupancy of the Premises and the building in which they are located. Tenant acknowledges the rules stated above, and acknowledges receipt of any additional rules prior to signing this Agreement. Any failure by Tenant to comply with the rules is a breach of this Agreement.

If the Premises are damaged by fire or other casualty to a degree that renders them untenantable, Tenant may move out unless Landlord promptly proceeds to repair and rebuild. Tenant may move out if the repair work causes undue hardship. If Tenant remains; rent abates to the extent Tenant is deprived of normal full use of the Premises, until the Premises are restored. If repairs are not made, this Agreement shall terminate. If the Premises are damaged to a degree which does not render them untenantable, Landlord shall repair them as soon as reasonably possible.

The Premises and the building of which they are a part are NOT currently cited for uncorrected building or housing code violations unless a copy of any such notices of uncorrected code violations are attached to this Agreement. The Premises do NOT contain any of the following conditions adversely affecting habitability unless listed under Special Conditions: No hot or cold running water, plumbing or sewage disposal facilities not in good operating order, unsafe or inadequate heating facilities (incapable of maintaining at least 67°F in living areas), no electricity, electrical wiring or components not in safe operating condition, or structural or other conditions that are substantially hazardous to health or safety.

Wisconsin law requires that the Landlord maintain any smoke detectors located in any building common areas. State law further requires that THE TENANT MUST EITHER MAINTAIN ANY SMOKE DETECTOR ON THE PREMISES, OR GIVE LANDLORD WRITTEN NOTICE WHENEVER A SMOKE DETECTOR ON THE PREMISES IS NOT FUNCTIONAL. The Landlord shall provide, within five days of receipt of any such notice, any maintenance necessary to make that smoke detector functional. MAINTENANCE SHALL INCLUDE THE PROVISION OF NEW BATTERIES, AS NEEDED.

AGENCY NOTICE Tenant understands that any property manager, rental agent or employees thereof are representing the Landlord.

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.widocoffenders.org> or by phone at 877-234-0085.

Attachments checked below are attached to this Rental Agreement and incorporated herein by reference.

Attachment	✓ Check	Attachment	✓ Check
Guarantee/Renewal/Assignment/Sublease		Code Violations	
Rules and Regulations		Real Estate Agency Disclosure	
Lead-Based Paint Disclosure & Pamphlet		Other:	
Nonstandard Rental Provisions		Other:	

IN WITNESS WHEREOF, the parties have executed this Rental Agreement on _____

LANDLORD: [Signature] 5/26/14

TENANTS: [Signature] 5/26/14

TENANTS: [Signature] 5/26/14

Drafted by Attorney Debra Peterson Conrad

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Produced with ZipForm™ by RE FormsNet, LLC 18025 Fifteen Mile Road, Clinton Township, Michigan 48035, (800) 383-9805 www.zipform.com

T6502460.ZFX



Certificate of Achievement

Childhood Care and Education

Ashley Marie Leonard
has completed all requirements of
Level Thirteen
Bachelor's - Communication

Qualified For:
Center Director (50 or fewer children)
Teacher
School-Age Group Leader/Teacher
School-Age Director (50 or fewer children)
Licensed Family Child Care
Certified Family Child Care Provider

With:
DCF - Infant Toddler Requirement
DCF - Shaken Baby Syndrome

Expiration Date: 11/30/2014
Registry ID #88934

8/9/2012 to 8/9/2013
Related Credits: 0.00 Tier 1-3 Training Hours: 0.00 *1*
Registered Training Hours: 0.00

Years of Experience

Jere L. Wallden
Jere L. Wallden, Executive Director
The Registry





SIDS

CONTINUING EDUCATION RECORD – INDEPENDENT READING / VIDEO VIEWING

Use of form: Use of this form is voluntary. It is used to document each child care-related book, magazine, article, DVD or video tape pertaining to the population served by the facility that is read / viewed as part of an employee's continuing education (CE) effort. **Group Child Care Centers** – Independent reading and watching of educational materials may be counted for up to 5 hours of CE per year for each person required to have 25 hours of continuing education, and up to 2.5 hours of CE per year for each person required to have 15 hours of continuing education. **Family Child Care Centers and Group Foster Homes** – Up to 5 hours of independent reading or watching educational materials may be used to meet annual CE requirements.

Instructions: The provider or employee must complete a separate form for each book / article read or video / DVD viewed. Place completed form(s) in the employee's file for the licensing specialist to review.

Name – Employee Ashley Leonard		Position Title Assistant teacher	Date – Form Completed (mm/dd/yyyy) 08-12-2013
Book or Magazine Article Title – Book or Article Back to Sleep Tummy to Play		Name – Author Healthy Child America	Number of Pages 2
Video Title – Video		Name – Presenter	Video Length (Minutes)

List two things you learned from your reading or viewing.

Baby should have tummy time 2-3 times a day.

to help improve strength in arm and neck muscle you can lay on your back + put baby on the tummy on your chest.

List two ways your viewing or reading has improved your facility and / or your ability to provide care to the population served by your facility.

Different ways to promote tummy time

ways to help avoid flat spots on babies heads.



ABUSE & NEGLECT

CONTINUING EDUCATION RECORD – INDEPENDENT READING / VIDEO VIEWING

Use of form: Use of this form is voluntary. It is used to document each child care-related book, magazine, article, DVD or video tape pertaining to the population served by the facility that is read / viewed as part of an employee's continuing education (CE) effort. Group Child Care Centers – Independent reading and watching of educational materials may be counted for up to 5 hours of CE per year for each person required to have 25 hours of continuing education, and up to 2.5 hours of CE per year for each person required to have 15 hours of continuing education. Family Child Care Centers and Group Foster Homes – Up to 5 hours of independent reading or watching educational materials may be used to meet annual CE requirements.

Instructions: The provider or employee must complete a separate form for each book / article read or video / DVD viewed. Place completed form(s) in the employee's file for the licensing specialist to review.

Name – Employee <i>Ashley Leonard</i>	Position Title <i>Assistant teacher</i>	Date – Form Completed (mm/dd/yyyy) <i>08/12/2013</i>
Book or Magazine Article Title – Book or Article <i>It shouldn't hurt to be a child</i>	Name – Author <i>WD of H & FS</i>	Number of Pages <i>2</i>
Video Title – Video	Name – Presenter	Video Length (Minutes)

List two things you learned from your reading or viewing.

*Different signs of Neglect + Abuse.
Purposes of CPS System*

List two ways your viewing or reading has improved your facility and / or your ability to provide care to the population served by your facility.

*- info on who to contact if neglect/Abuse suspect
- Report is not meddling - its to help families*



STAFF ORIENTATION CHECKLIST – FAMILY CHILD CARE CENTERS

Use of form: Use of this form is mandatory to comply with DCF 250.05(2)(a) of the Wisconsin Administrative Code and it should be completed by every employee, volunteer and substitute providing care in a family child care center. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04(1)(m), Wisconsin Statutes).

Instructions: Upon completion of the orientation, the trainer and staff shall initial and date the spaces that correspond to each policy or procedure and place the form in the staff record for review by the licensing representative.

Name – Staff Person (Last, First, MI) <i>Ashley Leonard</i>	Position Title <i>Lead Teacher</i>	Start Date (mm/dd/yyyy) <i>01/21/2014</i>
Name – Trainer <i>Xiong, Candra</i>	Position Title <i>Lead Teacher</i>	

Policy / Procedure	Staff		Trainer	
	Initials	Date	Initials	Date
Review of names and ages of all the children in care 250.05(2)(a)1.	AL	1/21/14	CF	1/22/2014
Current arrival and departure information for each child enrolled, including the names of people authorized to pick up the child 250.05(2)(a)2.	AL	1/21/14	CF	1/21/2014
Review of children's records including emergency contact information 250.05(2)(a)3.	AL	1/21/14	CF	1/21/2014
Specific information relating to children's special health care needs including medications, disabilities or special health conditions 250.05(2)(a)4.	AL	1/21/14	CF	1/21/2014
Procedures to reduce the risk of sudden infant death syndrome if the center is licensed to care for children under 1 year of age 250.05(2)(a)5.	AL	1/21/14	CF	1/21/2014
An overview of the daily schedule including meals, snacks, naps and any information related to the eating and sleep schedules of infants and toddlers enrolled in the center 250.05(2)(a)6.	AL	1/21/14	CF	1/21/2014
Review of the center's procedures for dealing with emergencies 250.05(2)(a)7.	AL	1/21/14	CF	1/21/2014
The procedure for reporting suspected abuse or neglect of a child 250.05(2)(a)8.	AL	1/21/14	CF	1/21/2014
The plan for evacuating sleeping children if the center is licensed to care for children between the hours of 9 p.m. and 5 a.m. 250.05(2)(a)9.	AL	1/21/14	CF	1/21/2014
Procedure to contact a parent or guardian if a child is absent from the center without prior notification of the absence from the parent 250.05(2)(a)10.	AL	1/21/14	CF	1/21/2014
Review of center policies required under DCF 250.04(2)(e) [250.05(2)(a)11.]	AL	1/21/14	CF	1/21/2014
Review of DCF 250 Licensing Rules for Family Child Care Centers 250.05(2)(a)12.	AL	1/21/14	CF	1/21/2014
Review of DHS 12.07(1) which requires a provider to notify the licensee as soon as possible but no later than the provider's next working day when any of the following occurs: The provider has been convicted of a crime; has been or is being investigated by any governmental agency; has a substantiated governmental finding against them; or a professional license has been denied, revoked, restricted or otherwise limited 250.05(2)(a)13.	AL	1/21/14	CF	1/21/2014
Procedure to ensure that the number, names and whereabouts of children in care are known to the provider at all times 250.05(3)(L)	AL	1/21/14	CF	1/21/2014
Procedure to ensure that all children exit the vehicle after being transported to a destination 250.08(5)(c)	AL	1/21/14	CF	1/21/2014

Bright Beginnings Day School



Bright beginnings for a brighter future.

Office Use Only

Start Date:

Weekly Rate:

Paperwork Complete:

Name Ashly Leonard

Address _____

Email Address _____ Phone No. _____

Paperwork Checklist

- | | |
|--|-------|
| <input checked="" type="checkbox"/> ① Employment Application | Date: |
| <input checked="" type="checkbox"/> ② Signed Job Description and Personnel Policies Statement* | Date: |
| <input checked="" type="checkbox"/> ③ Staff Orientation Checklist* | Date: |
| <input checked="" type="checkbox"/> ④ Continuing Education-Shaken Baby Syndrome* (must get certificate within 6 months of start date) | Date: |
| <input checked="" type="checkbox"/> ⑤ Continuing Education-Abuse & Neglect* | Date: |
| <input checked="" type="checkbox"/> ⑥ Continuing Education-SIDS* | Date: |
| <input checked="" type="checkbox"/> ⑦ Staff Record | Date: |
| <input type="checkbox"/> Staff Health Report (need within 30 days, need TB test) | Date: |
| <input checked="" type="checkbox"/> Background Check <i>looking for 2014 - see 3 current</i> | Date: |
| <input type="checkbox"/> Driving Record (call DMV, http://www.dot.wisconsin.gov/drivers/drivers/request-record.htm) | Date: |
| <input checked="" type="checkbox"/> Vehicle Safety Check (need within 30 days) | Date: |
| <input checked="" type="checkbox"/> CPR (www.dcpinc.org/profdev/training.html , need within 6 months) <i>need June 21</i> | Date: |
| <input checked="" type="checkbox"/> Introduction to Childcare Profession** | Date: |
| <input checked="" type="checkbox"/> Infant & Toddler Care** | Date: |
| <input checked="" type="checkbox"/> Fundamentals of Family Child Care | Date: |
| <input checked="" type="checkbox"/> Copy of Driver's License | Date: |
| <input checked="" type="checkbox"/> Registry Certificate (http://www.the-registry.org/) | Date: |

*NUMBERED FORMS MUST BE IN FILE ON OR BEFORE THE FIRST DAY OF CARE.

** Or 3 Credits of broad-based Early Childhood Development classes.

WISCONSIN

DRIVER LICENSE
REGULAR



LEONARD
5638019806905101

ASHLEE MARIE
661901158905101

SUNPRAIRIE WISCONSIN

DOB 11/05/1980

SEX F

HGT 5'04"

WT 110 LB

CLASS D

END NONE

OTM 12013022517241810



Wisconsin Department of Transportation
www.dot.wisconsin.gov

Division of Motor Vehicles
4802 Sheboygan Ave.
Madison, WI 53707

This driver record abstract was created on 08/26/2013 at 10:27:24 AM by Own Record Request. The information is current as of this date and time.

Driver ID :	Sex : FEMALE	DOB :
Customer# :	LPC : U.S. CITIZEN	Age : 7
Hair : BROWN	Eyes : HAZEL	Height :
Weight :	Org Donor: Y	Opt Out: Y

ASHLEY MARIE LEONARD
SCHILLER ST # 209
SUN PRAIRIE, WI 53590 2046

Updated By : DL ISSUE
Updated On : 02-21-2013
County : DANE

02-21-2013 MOVED FROM CONNECTICUT
07-16-2010 MOVED TO CONNECTICUT
Other Known Names:
ASHLEY M AGEN
Sex: FEMALE DOB:

Product : 13471053433
Issued : 02-21-2013
Expires : 11-05-2021
App Type : RENEWAL
Class : D
Status : VAL
Restrictions : CORRECTIVE LENSES

End of Record

ASHLEY MARIE LEONARD

III. Early Childhood Related Work Experience (continued)

b. Name - Employer Creative Learning Preschool		Address - (Street, City, State, Zip Code) 4 West Granby Rd. Granby, CT 06033	Telephone Number
Position Title 4yr old preschool & toddler head		Position Duties lesson planning, diapering, toilet training, communicating w/ th Parents, Caring for	Dates Employed (mm/dd/yyyy) May 2011 - May 2012
No. of Days Per Week Worked 5	Reason for Leaving Moved to WI		
c. Name - Employer Kathleen DeBrin		Address - (Street, City, State, Zip Code) Kaukauna WI 52130	Telephone Number
Position Title Day Care Provider		Position Duties caring for children, cleaning, cooking, diapering	Dates Employed (mm/dd/yyyy) Summers '05-05
No. of Days Per Week Worked 5	Reason for Leaving Summer jobs + left for school		

IV. Affirmation

Yes No Have you had a child care license or certification revoked? If "Yes", provide the date of revocation and the name and address of the licensing or certification agency.

I attest that the above information is complete and accurate to the best of my knowledge.

Ashley Leonard
SIGNATURE - Staff Person

7-30-13
Date Signed

SECTION B - EMPLOYER (to be completed by licensee) Note: A completed BID form must be on file prior to the first day of employment.

I. Position Information at Hire

Position Title At Hire	Date - Began Work (mm/dd/yyyy)
------------------------	--------------------------------

- Yes No Will this person provide care for infants and toddlers?
- Yes No Will this person transport children in care?
- Yes No Will this person be counted in staff-to-child ratios?

II. Changes to Position Status (e.g., part-time to full-time; promotions, etc.)

a. Change in Status / Position	Effective Date
b. Change in Status / Position	Effective Date
c. Change in Status / Position	Effective Date
d. Change in Status / Position	Effective Date

Bright Beginnings | 933 S Holt Circle, Madison, WI 53719 | 608.335.8808 | brightbeginningsdayschool.com

Bright Beginnings Day School
Staff Record - Child Care Centers



7

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(3)(a) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Use of this form is voluntary for Group Child Care Centers and Day Camps, however, completion of this form will ensure compliance with DCF 251.04(5)(a) and DCF 252.41(3)(a)1. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions - Employee: The staff person / employee shall complete and sign Section A of the form and attach any documentation including transcripts, certificates, credentials or The Registry certificates. **Instructions - Employer:** The licensee shall complete the date of hire and position title in Section B. The completed form and any supporting documentation shall be placed in the staff file. Any changes to job position (promotions, demotions) should be recorded by the licensee in Section B when the change goes into effect.

SECTION A - EMPLOYEE (to be completed by staff person / employee)

I. Contact Information

Name - Staff Person: Shelly Leonard
 Address: Shiller St
 If Person (Street, City, State, Zip Code): Sun Prairie WI 53590
 Emergency Contact Name: Shelly Leonard
 Address: Sun Prairie WI 53590
 Telephone Number: 610-535590

II. Education
 Yes No High school diploma
 Yes No GED
 If "Yes", date received: May 2005
 If "Yes", date received: _____
 Name of High School: Kaukauna High School
 Name of Issuing Agency: _____

Entry Level Qualifications (attach additional pages if necessary)
 Name - Post High School College, University, Technical College: University of Wisconsin-Milwaukee
 Start Dates Attended: Sept 2005 - Dec 2005
 Major: Communication
 Degree, Diploma, Credential: Bachelor of the Arts

Additional Early Childhood Training (attach additional pages if necessary)

Course Titles	Name - Sponsor / Trainer	Date - Course Completed	Number of Hours
a.			
b.			
c.			

III. Early Childhood Related Work Experience (List most recent employer first)

a. Name - Employer: La Petite
 Address - (Street, City, State, Zip Code): 2380 Wabasha Ave Sun Prairie WI 53590
 Telephone Number: _____
 Position Title: Early Childhood teacher
 No. of Days per Week Worked: 5
 Reason for Leaving: Currently here
 Position Duties: Lesson Planning, diapering, cleaning, cleaning, communicating with parents
 Dates Employed (mm/dd/yyyy): 5-29-12 - present

b. _____
 c. _____

VEHICLE SAFETY INSPECTION

Use of form: Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.08(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name - Facility: BBDS Ashley Leonard

Type: Family Child Care Group Child Care RCC for Children and Youth Day Camp Group Foster Home

Vehicle - Year: 2012 Make: honda Model: civic Color: gray Odometer Reading: 9719 License Plate Number: MM

Name - Inspecting Company or Agency: Wilde Name - Inspector: #201 Telephone Number: ---

Address: High Crossing Blvd City: Madison State: WI Zip Code: 53718

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth <u>10 mm</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth <u>8 mm</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector: Joh 201 Date - Inspection: 6/14/13

SECTION A (continued)		YES	NO
5.	Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Has any government or regulatory agency (other than the police) ever found that you abused an elderly person? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes, explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION B – OTHER REQUIRED INFORMATION		YES	NO
1.	Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes, explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there. <i>CT 2010-2011</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Have you had a caregiver background check done within the last 4 years? ➤ If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. <i>La Petite Academy 2350 Montanawau Sun Prairie, WI 53590</i> <i>Creative Learning Preschool 4 West Grosvenor Rd. Granby CT 06035 4/2012</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

PRINT NAME – Required Individual

Ashley Leonard

Date Submitted

1-21-2014

Ashley

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal) Other - Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name - (First and Middle) <i>Ashley Marie</i>	Name - (Last) <i>Leonard</i>	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) <i>Lead teacher</i>		
Any Other Names By Which You Have Been Known (Including Maiden Name) <i>Ashley Agen</i>		Birth Date	Gender (M / F) <i>F</i>	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input checked="" type="checkbox"/> White		Social Security Number(s) [REDACTED]		
Home Address <i>Schillerst. Apt</i>		City <i>Sun Prairie</i>	State <i>WI</i>	Zip Code <i>53590</i>
Business Name and Address - Employer or Care Provider (Entity) <i>Right Beginnings Day School 933 S 16th Circle Madison WI 53719</i>				

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(continued on next page)

**COMPLIANCE STATEMENT –
 CHILD CARE CENTERS**

TO FILE A COMPLAINT CALL:

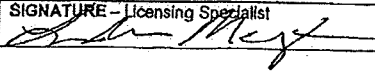
Use of form: This form is used by the licensing specialist to indicate to child care and day camp facilities that there were no violations of the administrative rules observed during the licensing visit. Completion of this form meets the requirements ch. 48, Wis. Stats.
Instructions: The licensing specialist checks the administrative code areas that were observed to have no rule violations. The licensing specialist may also reference the administrative code number(s) that were monitored. The licensee shall post a copy of the Compliance Statement near the license in accordance with s.48.657, Wis. Stats.

Name – Facility Bright Beginnings Day School 2	Address – Facility (Street, City, State, Zip Code) 7713 Twinflower Dr Madison WI	Telephone Number 608-335-8808	Facility ID 2001560	Date – Licensing Visit 05/22/2014
--	--	---	-------------------------------	---

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED ON THIS LICENSING VISIT.

The following checked items indicate the topic areas of the administrative code that were monitored on this visit.

<input checked="" type="checkbox"/> Terms of License / Administration / Reports	<input type="checkbox"/> Emergencies / Fire Protection / Exiting	<input type="checkbox"/> Rest Periods / Night Care
<input type="checkbox"/> Parent Information / Children's Records	<input checked="" type="checkbox"/> Sanitation / Water / Washrooms and Toilet Facilities	<input type="checkbox"/> Health
<input type="checkbox"/> Confidentiality / Reporting Child Abuse	<input type="checkbox"/> Indoor Space / Furnishings / Equipment	<input type="checkbox"/> Pets and Animals N/A
<input checked="" type="checkbox"/> Responsibilities and Qualifications of Staff / Staff Development / Staff Records	<input checked="" type="checkbox"/> Kitchens / Meals and Snacks	<input checked="" type="checkbox"/> Transportation / Driver / Vehicle / Capacity
<input checked="" type="checkbox"/> Staffing and Grouping / Supervision	<input checked="" type="checkbox"/> Outdoor Space / Outdoor Hazards / Swimming Areas	<input checked="" type="checkbox"/> Requirements for Infant / Toddler Care
<input type="checkbox"/> Building / Protective Measures / Indoor Hazards	<input checked="" type="checkbox"/> Program Planning and Scheduling / Child Guidance	<input type="checkbox"/> Requirements for School-Age Care

Name – Licensing Specialist (Type / Print) Linda McKnight	SIGNATURE – Licensing Specialist 	Telephone Number	Date Signed (mm/dd/yyyy) 5/29/2014
SIGNATURE – Licensee or Designee		Date Signed (mm/dd/yyyy)	

Distribution: Original – Licensing Specialist
 Copy – Licensee

Certificate of Completion

This is to certify that

has successfully completed

**Shaken Baby Syndrome
Prevention Training for Child Care Providers**

Linda M. Braunsky



Babies cry. Have a plan.

5/30/12



Provided by Wisconsin Children's Trust Fund • 110 East Main Street, Suite 614 • Madison, WI 53703 • 608-266-6871 • <http://wct.state.wi.us>