

Date Correction Plan Due 10/19/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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.

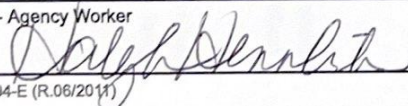
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 Sonshine Learning Center		Provider Number / Facility ID Number 1000586841 / 001 - 2000120		
Address - Facility (Street, City, State, Zip Code) 1040 Paperjack Dr New Richmond WI 540172463		Telephone Number 715-246-3764	Date - Regulation Visit 9/15/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Center did not have a Health Report completed on Staff A and Staff F. Staff A had completed TB test, but did not have a completed health examination.	staff will complete this task and/or use a different form	10/21/22	
2	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: The height of the fence was measured from inside the enclosed play space and the height was below 4 feet.	The rock will be moved away from the fence and an extension will be installed.	11/11/22	

NAME - Agency Worker
Sou Yang

Date Issued
10/5/2022

SIGNATURE - Agency Worker



Date Signed

10/14/22