

Date Correction Plan Due 3/4/2024	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 12/1/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.06(11)(bm)3. Outdoor Play Equipment - Construction, Condition Description: Not all of the outdoor play equipment was of sturdy construction with no sharp, rough, loose, protruding, pinching, or pointed edges, or areas of entrapment, and in good operating condition, when edges of the yellow slide had chipped areas near the bottom of the slide and nails were exposed in ceiling area of a piece of climbing equipment.	The slide was repaired and the roof nails were covered/repared when weather permitted	3/1/24
2	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Cleaning supplies and other materials labeled, "Keep out of the reach of children," were accessible to children in an unlocked cabinet in Room 414.	Supplies were moved	12/2/23

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3	251.06(2)(i) Deteriorating Paint Description: Paint had deteriorated and was flaking on the teal bridge and areas of the red and yellow slide.	when weather permitted, teal bridge was removed, other Paint was sanded and fixed	3/1/24
4	251.07(6)(f)1 a. Medication Administration - Parent Authorization Description: Authorization to Administer Medication forms were missing the date range for a child's Benadryl and an Epi-Pen.	The parents completed new and updated allergy med plans	12/12/23
5	251.07(6)(i)6 Hand Washing Outdoors & On Field Trips Description: Children and staff were observed wiping noses with tissues while outside and not washing their hands afterwards. If running water is not immediately available when outdoors or on field trips, soap and water-based wet wipes may be used.	Wet wipes were available and staff and children were reminded of the process	12/2/23
6	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child care workers were not consistently documenting changes in a child's development and routines every three months based on discussion with the parent. There was not documentation of developmental updates for child # 1's Intake for Child Under 2 form.	All updates for under 2 year olds are now listed on the classroom intake form	12/5/23

Name: [Blank] Title: [Blank]		Phone Number: [Blank] Fax: [Blank]	
Company Name: [Blank]		Address: [Blank]	
Project Name: [Blank]		Date: [Blank]	
Project Number: [Blank]		Project Date: [Blank]	
Project Description: [Blank]		Project Status: [Blank]	
Project Manager: [Blank]		Project Lead: [Blank]	
Project Sponsor: [Blank]		Project Stakeholder: [Blank]	
Project Budget: [Blank]		Project Cost: [Blank]	
Project Risk: [Blank]		Project Impact: [Blank]	
Project Timeline: [Blank]		Project Milestones: [Blank]	
Project Deliverables: [Blank]		Project Results: [Blank]	
Project Feedback: [Blank]		Project Lessons Learned: [Blank]	

Date: [Blank] Time: [Blank]
 Signature: [Signature] Date: 2/27/24
 Page: [Blank] of [Blank]