

Date Correction Plan Due 8/8/2023	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 715-361-7700
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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 Little Sunshines Learning Center ll Llc		Provider Number / Facility ID Number 7000590127 / 001 - 2005145		
Address - Facility (Street, City, State, Zip Code) 9241 County J Minocqua WI 545489321		Telephone Number 715-358-5437	Date - Regulation Visit 7/24/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(10)(dm)1. Washrooms - Sanitary Conditions  Description: A toilet between room 5 and room 6 had fecal matter on it.	Added a full time floating staff member to help with bathroom supervision if float unavailable office staff will supervise	7/31/23	
2	251.06(2)(b) Electrical Or Hot Surface Protection  Description: There were 2 outlets in room 5 that did not have any safety plugs in them. There was 1 outlet in room 6 that did not have a safety plug in it.	Added outlet cover checks to opening check lists	7/31/23	
	Repeat violation: Previously cited on 1/9/2023			

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3	251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width  Description: There were 4 classrooms that had the exits leading to the outside that were obstructed by other items in the classrooms.	Emergency exit spaces Clearly marked to avoid obstruction	8/1/23
4	251.06(9)(f)5. Food - Thawing  Description: There was frozen ravioli and a frozen can of juice that were being thawed on the kitchen counter.	Food safety class reviewed Posted safe thawing rules	7/31/23

NAME - Agency Worker  
Bonnie Davis, Kirsten Kronberger

Date Issued  
7/25/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Dan Fultz*

Date Signed

7/31/23