

<b>Date Correction Plan Due</b> 6/17/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b> Sunshine And Giggles Llc		<b>Provider Number / Facility ID Number</b> 7000590637 / 002 - 2006206	
<b>Address - Facility (Street, City, State, Zip Code)</b> 678 S Park St Richland Ctr WI 535812748		<b>Telephone Number</b> 608-649-5501	<b>Date - Regulation Visit</b> 5/30/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date Verification Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Staff A did not have documentation of an eligible background check as required.	Schedule Fingerprint	6/30/24
2	251.055(1)(a) <b>Supervision Of Children</b>  Description: During the licensing visit, two 2-year-old children were not supervised by a childcare worker who was within sight and sound when they were observed running down a hallway and into an empty classroom. The child care worker assigned to the children did not attempt to follow the children and did not seem aware that they had left the group. The children were unsupervised for 30 seconds to one minute until a staff member from the kitchen returned the children to their assigned group.	make a protocol for one teacher to be in Room when Returning from Recess.	6-3-24

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3	251.06(2)(d) <b>Access To Materials Potentially Harmful To Children</b>  Description: Potentially harmful materials were not stored in an area inaccessible to children when a spray bottle of lysol was on the counter within children's reach in the school age classroom.	Placement of lysol has been moved up to upper shelf	6-3-24	
4	251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b>  Description: Each child's hands were not washed with soap and running water as required when two children did not have their hands washed after having their diaper changed.	Diapering procedures have been Reviewed and now corrected.	6-3-24	
5	251.07(6)(i)2. <b>Adult Handwashing</b>  Description: Two staff members did not wash their hands after changing a child's diaper as required.	Diapering procedures have been Reviewed and now corrected.	6-3-24	
6	251.09(4)(a)3. <b>Infant &amp; Toddler - Diaper Changing Surface Disinfection</b>  Description: In two classrooms, teachers were observed changing several children's diapers without cleaning or sanitizing the changing surface after each diaper change as required.	Sanitation procedures have been Reviewed and corrected.	6-3-24	

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<b>Noncompliance Statement</b>			

**NAME** - Agency Worker  
Casey Allison

Date Issued  
6/3/2024

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed  
6-3-24

