

<b>Date Correction Plan Due</b> 3/7/2025	<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>		<b>Provider Number / Facility ID Number</b>	
Sunshine And Giggles Llc		7000590637 / 002 - 2006206	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
678 S Park St Richland Ctr WI 535812748		608-649-5501	2/19/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Staff A and B did not have a completed background check on file prior to working with children as required.  Repeat violation: Previously cited on 8/20/2024, 5/30/2024	Staff have been fingerprinted. Will not work until prelim. is back.	2/21/25

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>251.07(2)(e)5. <b>Prohibited Actions - Cruel, Aversive, Frightening, Humiliating Actions</b></p> <p>Description: A staff member engaged in an action that may be cruel, aversive, frightening or humiliating to a child when, based on staff interviews, a teacher grabbed a child and lifted him into the air by the back of his overalls.</p> <p>The staff member was terminated from employment following this incident.</p>	<p>Staff has left employment.</p> <p>Staff development to deal with challenging behaviors.</p>	<p>2/19/25</p> <p>3/10/25</p>	

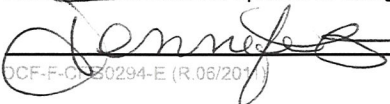
NAME - Agency Worker

Casey Allison

Date Issued

2/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2-24-25