

<b>Date Correction Plan Due</b> 10/16/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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.

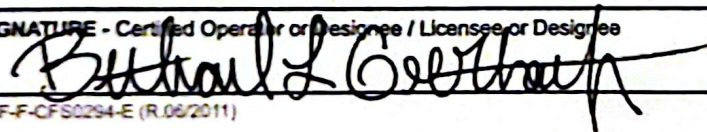
<b>Name - Certified Operator / Licensed Center</b> You Are My Sunshine Llc		<b>Provider Number / Facility ID Number</b> 1000588541 / 001 - 2002318		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1324 S Webster Ave Green Bay WI 543012567		<b>Telephone Number</b> 920-857-3140	<b>Date - Regulation Visit</b> 8/26/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b>  Description: Attendance records reviewed for the under 2-year-old classrooms for the month of July 2024 showed at least 7 occasions where children were signed into the classroom, but no child care workers were documented as signed-in, or are not signed into the classroom for the entire duration that children are signed into care. Child care worker breaks are also not consistently being captured on classroom attendance documents.	Staff are being re-trained on attendance sheets at next staff meeting and attendance sheets will be monitored closely by director. -Breaks are documented on procure.	11-01-2024	

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2	251.055(2)(b) Staff-To-Child Ratios - Minimum  Description: Attendance records reviewed for the under 2-year-old classrooms for the month of July 2024 showed that the provider did not maintain the minimum ratio of child care workers to children when on multiple occasions only one child care worker was signed in to care for as many as 9 children under 2-years-old.  Repeat violation: Previously cited on 10/26/2022	Staff are being re-trained on attendance Sheets at next Staff meeting and attendance Sheets will be monitored closely by director.	11.01.2024	
3	251.09(2)(b) Infant & Toddler - Individual Sleep Patterns  Description: The provider did not allow each infant and each toddler to form and follow his or her own pattern of sleeping and waking due to them being included in the center-wide nap time from 11:30 am - 2:00 pm.	The staff member who initiated this no longer works at the center and proper sleeping patterns per each child are being followed.	10.16.2024	
4	251.09(3)(a)9. Infant & Toddler - Bottle Feeding  Description: Staff reported bottle feeding infants who cannot hold their own bottles on the floor in boppys rather than holding them.	Policy will reflect the proper use of boppys and feedings. This will be discussed at our staff meeting.	11.01.2024	

NAME - Agency Worker  
Erin Taylor, Jody Beyer

Date Issued  
10/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10.16.2024