

Date Correction Plan Due
5/16/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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
Brilliant Sunflowers Childcare

Provider Number / Facility ID Number
7000591017 / 001 - 2006176

Address - Facility (Street, City, State, Zip Code)
6642 N 81st St Milwaukee WI 532235512

Telephone Number
414-975-0971

Date - Regulation Visit
4/24/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m.e. Child Record - Health History - Medical Conditions Description: Child #2 has an incomplete Health History form as the form is not marked yes or no to indicate if the child has any known medical condition.	Have mother correct	5/14	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child #3 does not have documentation of immunizations on file.	Have parents bring record	5/16	

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3	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
			Completion Date	Date
	<p>250.06(2)(e) Potential Source Of Harm On Premises</p> <p>Description: There are several sharp screws sticking out from the fence.</p> <p>There are sharp screws sticking out of pieces of wood which are in a trailer accessible to children.</p> <p>The air conditioner unit in the outdoor play space is not covered or guarded.</p> <p>Repeat violation: Previously cited on 1/10/2023</p>	<p>Handed How to fix Corrected Call center no more</p>	<p>2/10 5/16 2/10</p>	
	<p>250.07(3)(a)2. Play Equipment - Safe & Sturdy</p> <p>Description: A Little Tykes play kitchen has a crack in the plastic on one of the doors. The cracked plastic is sharp.</p> <p>The roof on a Little Tykes play house is not secured and is pulled apart.</p>	<p>Fix house Throw away Kitchen. Moved + ramp line</p>	<p>5/16</p>	
	<p>250.07(3)(e) Trampolines & Inflatable Bounce Surfaces</p> <p>Description: There is a small child's trampoline in the outdoor play space accessible to children.</p>	<p>Be Moved</p>	<p>5/16</p>	

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6	250.07(6)(b)1. Medical Log Book Description: The medical log book pages are not numbered.	Done	5/16	
7	250.07(6)(h)1. Disinfecting Surfaces Description: A potty chair in the bathroom has urine in it. All surfaces exposed to bodily secretions shall be washed with soap and water and disinfected.	Done	5/16	

NAME - Agency Worker
Sara Cooney, Kristin Keck

Date Issued
5/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/14/2024