DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 8/28/2026	**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 Hello Sunshine		Provider Number / Facility ID Number 9000591749 / 001 - 2006950	
Address - Facility (Street, City, State, Zip Code) 5934 S 26Th St Milwaukee WI 532214829	Telephone Number 414-840-1585	Date - Regulation Visit 8/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: Child #3 did not have documentation of emergency contacts in the enrollment form.	Child #3 enrollment form will be updated to include complete and current emergency contact information.	8/24/26	
2	250.04(6)(a)1.f **Child Record - Enrollment Information - Medical Contact** Description: Child #3 did not have documentation of medical contact on enrollment form.	Child #3 enrollment form will be updated to include the name, address, phone number of the Childs physician or medical facility.	8/24/26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child #3 did not have documentation of a current health report on file. Repeat violation: Previously cited on 8/12/2025	The parent will be contacted and requested to provide a current health report for the child. Enrollment records will be reviewed regularly to ensure health reports remain current.	8/24/26	
4 250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: Child #3 did not have documentation of permission for emergency medical care and treatment.	The parent will complete and sign the required consent for emergency medical care and treatment.	8/24/26	
5 250.05(2)(f) **Staff File - Continuing Education** Description: Staff B did not have documentation of continuing education training for 2025.	Documentation of Staff B's continuing education for 2025 will be obtained and maintained in the Staff file.	8/26/26	

NAME - Agency Worker
Joel Marquez

Date Issued
8/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/26/26