

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
920-785-7811

**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>	
Sunny Day Childcare And Preschool Inc.		8000561238 / 003 - 1015713	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
1932 Godfrey Dr Waupaca WI 549817908		715-258-7901	2/25/2026
<b>Rule/Statute Number</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>	All medications, including diaper creams, on premises will have fully completed medical forms filled out with correct dates and correct medications listed on them.	4/21/2026	
<b>Noncompliance Statement</b>			
Description: On 2/25/2026, the center failed to have correct medical authorizations in the blue room. One authorization had the incorrect medication and another authorization did not have any dates specified.			

**NAME - Agency Worker**  
Amie Bodart

Date Issued

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

Date Signed

4/21/2026