

Date Correction Plan Due 1/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(l) 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 You Are My Sunshine Daycare		Provider Number / Facility ID Number 6000591566 / 001 - 2002876	
Address - Facility (Street, City, State, Zip Code) W2491 County Road Cc Green Lake WI 549419610		Telephone Number 920-896-2851	Date - Regulation Visit 1/5/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Based upon observation on January 5, 2024, children's arrival time for the day was not documented. CORRECTED DURING VISIT.	I moved the attendance book closer to where the parents drop off and I will sign kids in/attendance upon arrival / departure	1/5/24
2	250.06(2)(a) Electrical Or Hot Surface Protection Description: Based upon observation on January 5, 2024, the gas fireplace in the sitting area was on and warm to the touch upon arrival. The gate was not across the doorway to keep the fireplace inaccessible to children. CORRECTED DURING VISIT	I purchased a screen to place in front of the fireplace and I will shut gate to that room as well.	1/5/24

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3	250.07(6)(f)5. Current Authorizations For Medications On Premises Description: Based upon observation on January 5, 2024, a child was dropped off with ibuprofen, but no medication authorization was filled out by the parent.	I threw away the filled out forms and I will now be sure to have the form filled out and completed prior to the parent leaving and medication at the center.	1/5/24
			Verification Date

NAME - Agency Worker
Jamie Brandt

Date Issued
1/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1/16/2024