Date Correction Plan Due 11/10/2025	**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		**Provider Number / Facility ID Number**	
Sunshine Academy		5000590925 / 002 - 2008620	
Address - Facility (Street, City, State, Zip Code) 3008 30Th Ave Kenosha WI 531441623	**Telephone Number** 262-705-3032	**Date - Regulation Visit** 10/24/2025	

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)6. **Child Record - Health History** Description: The health section of the health history form was incomplete for child #3.	health history was filled out by mom on 10-29-2025	10-29-2025	
2	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: There were two children in care, but none of the children were signed in.	Director retrained staff on attendance tracking and director checks attendance throughout day.	10-27-2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: There was no documentation of fire or tornado drills for September.	fire drill completed on 10-28-25 for month of octeber reminders are set to complet drills	10-28-25	
4	251.06(9)(d)1.b. **Food Storage - Refrigeration Units** Description: The temperature in the infant room refrigerator was reading 49 degrees.	fridge is checked throughout day to make sure temp gage has not been bumped and is in normal range.	10-27-25	

NAME - Agency Worker
Joel Marquez

Date Issued
10/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Joel Boakle

Date Signed
10/31/2025