

Date Correction Plan Due 7/10/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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)(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 Sunshine And Scholars Preschool Llc		Provider Number / Facility ID Number 4000591724 / 001 - 2009507		
Address - Facility (Street, City, State, Zip Code) 3241 90Th St Sturtevant WI 531772718		Telephone Number 262-331-0581	Date - Regulation Visit 6/30/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian. Description: MISSING CONTRACT FOR CHILD 8.			

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3241 90Th St Sturtevant WI 531772718		262-331-0581	6/30/2026	
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2	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: CHILD ENROLLMENT AND HEALTH HISTORY INCOMPLETE FOR CHILDREN 1-3 AND 7.</p>			
3	<p>202.08(2)(a)1. All Exits Shall Be Clear Of Obstruction.</p> <p>Description: SECOND EXIT WAS BLOCKED BY A BABY GATE.</p>			
4	<p>202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: HEALTH REPORT UPDATE NEEDED FOR CHILD 10.</p>			

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5	202.08(8)(b)6. The Child Care Provider Shall Provide Opportunities For A Non-Walking Child Who Can Creep Or Crawl To Move Freely In A Safe, Clean, Open, Warm, And Uncluttered Area Each Day. Description: MAIN ROOM AND BACK ROOM IS CLUTTERED.			
6	202.08(9)(b) Before Transporting A Child, An Operator Shall Obtain Signed Permission From The Parent For Transportation And Emergency Information For Each Child. Description: MISSING TRANSPORTATION FORM FOR CHILD 6.			

NAME - Agency Worker
Semaja McClain, Dayanara Arroyo-Coronado

Date Issued
7/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed