

Date Correction Plan Due 3/26/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b> Sunny Ridge Kids		<b>Provider Number / Facility ID Number</b> 9000557919 / 001 - 120007		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3245 E Washington Ave Madison WI 53704		<b>Telephone Number</b> 608-244-6098	<b>Date - Regulation Visit</b> 3/6/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(d) <b>Access To Materials Potentially Harmful To Children</b>  Description: Children had access to materials potentially harmful when a classroom had bleach wipes stored on a low shelf in an unlocked cabinet.	<i>The teacher took out the bleach wipes &amp; replaced them with wipes with no bleach, which are now kept out of the reach of children</i>	<i>3/6/25</i>	
2	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: A child's inhaler was not stored in its original container and was not labeled with the child's name, dosage and directions for administration.	<i>The teacher talked to the parent on 3/6/25 &amp; asked them to bring a new inhaler with original package. The parent took the inhaler home &amp; will bring a new inhaler with original packaging.</i>	<i>3/6/25</i>	

*All staff were trained on procedures for medicine and paperwork.*

*3/17/25*

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3	251.07(8)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: A classroom had a child's inhaler but had no current medication administration authorization from the parent on file.	Teacher spoke with the parent and the medicine was no longer needed so it was sent home that day.  All staff were trained on procedures for medicines + paperwork	3/6/25  3/17/25
			Verification Date

NAME - Agency Worker  
Jenny Capener

Date Issued  
3/12/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Debbie Pearson*

Date Signed

3/26/25