

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
10/21/2025

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

<p>Name - Certified Operator / Licensed Center Sunny Child Home Care</p>		<p>Provider Number / Facility ID Number 3000591653 / 001</p>	
<p>Address - Facility (Street, City, State, Zip Code) 1241 10Th Ave N Wisc Rapids WI 544958145</p>		<p>Telephone Number 715-712-4025</p>	<p>Date - Regulation Visit 10/7/2025</p>
<p>Rule/Statute Number Noncompliance Statement</p>		<p>Correction Plan</p>	<p>Expected Completion Date</p>
<p>1 202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: The provider said she got new batteries this weekend and it worked, however each time we tried to test, it wouldn't go off. The provider and I triple checked that the battery was in the right way and everything else was where it needed to be, but no luck.</p>	<p><i>I changed the Batteries and it is now functioning</i></p>	<p><i>10/8/25</i></p>	<p>Verification Date</p>

OCT 20 2025

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Sunny Child Home Care		3000591653 / 001	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1241 10Th Ave N Wisc Rapids WI 544958145		715-712-4025	10/7/2025
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
202.08(2)(c)	<p>The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: When I walked into the house, I noticed (what I thought was bleach) on the counter. The provider informed me it was not so I took further look at the bottle and it was a Clorox surface cleaner without bleach, but still says to keep out of reach of children.</p>	The Items will be put in a safer location. Will make sure to put it away as soon as Im done using.	10/7/2025
			Verification Date

NAME - Agency Worker
Ariel Hildebrandt

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ariel Hildebrandt
DCF-F-CF50294-E (R.06/20/1)

Date Issued
10/7/2025

Date Signed

10/14/25