

<b>Date Correction Plan Due</b> 12/3/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(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> Sunnyside Daycare Llc		<b>Provider Number / Facility ID Number</b> 3000588423 / 001 - 2002149		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1921 N 8Th St Sheboygan WI 530812739		<b>Telephone Number</b> 920-783-8330	<b>Date - Regulation Visit</b> 8/11/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(3)(a) <b>Report - Incident Or Accident</b>  Description: Based upon staff statement, an injury resulting in a child's nose to be fractured was not self reported to the Department.	Any head injury will be self reported to department right away.	12/5/2025	
2	251.04(4)(a)2.c. <b>Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</b>  Description: Based upon investigation, a child's nose was fractured as a result of an injury sustained while in care at the center and the parent was not immediately notified.	Parents will be notified immediate of child's injury.	12/5/2025	

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1921 N 8Th St Sheboygan WI 530812739		920-783-8330	8/11/2025	
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3	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Based upon record review, a child enrolled in care greater than 30 days did not have documentation of immunization history within the file.	Immunization record will be updated.	12/5/2025	
4	251.055(1)(a) <b>Supervision Of Children</b>  Description: Based upon observation, a child enrolled in care in the yellow room was permitted to use to the restroom out of sight supervision of the assigned child care worker.  Repeat violation: Previously cited on 8/14/2024	Staff will stand in the hall way to observe children walking to the restroom.	12/5/2025	
5	251.06(2)(n) <b>Garbage Containers - Construction &amp; Disposal Schedule</b>  Description: Based upon observation, a plastic bag of watermelon rinds were found outside the door of the center and not in a water tight, covered container.	All disposal will be put in garbage containers.	12/5/2025	
6	251.06(9)(f)3. <b>Food - Leftover Prepared Food</b>  Description: Based upon observation, the leftover lunch was left on a cart in the kitchen and not refrigerated promptly.	Left over food will be refrigerated immediately.	12/5/2025	

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			<b>Verification Date</b>

**NAME** - Agency Worker  
Amanda Holz

Date Issued  
11/19/2025

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

*Nou Xiong*

Date Signed  
12/12/2025