

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 8/25/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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. 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 Sunset Daycare		Provider Number / Facility ID Number 7000584097 / 002 - 1015053	
Address - Facility (Street, City, State, Zip Code) 307 S Mission St Wittenberg WI 544999089		Telephone Number 920-250-0675	Date - Regulation Visit 7/25/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.055(1)(a) Supervision Of Children Description: The provider failed to provide supervision momentarily when a 4 year-old child was in the breezeway with the door closed.	<i>I will watch my children closer, so they don't go in to my Breezeway.</i>	<i>8-19-2025</i>	<i>8-19-2025</i>

RECEIVED
NERO - GREEN BAY

AUG 25 2025

NAME - Agency Worker
Gina Linssen, Amie Bodart

DEPT. OF CHILDREN & FAMILIES

Date Issued
8/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Honey J. Brandt

8-19-2025