

Date Correction Plan Due 11/18/2025	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. 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		Provider Number / Facility ID Number	
Rise And Shine Childcare		4000585974 / 001 - 1015809	
Address - Facility (Street, City, State, Zip Code) 1325 S 20Th St Manitowoc WI 542205642		Telephone Number 920-323-2590	Date - Regulation Visit 11/3/2025
	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement Description: One child did not have his alternate release form in his file - see checklist.	I have given the form to the parents and expect it to be returned before 11/18/25	11/18/25	
2 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: The provider did not have her 15 hours of continuing education documented for 2024. Repeat violation: Previously cited on 4/8/2025	I have 2 Five hours Courses ordered and expect to complete before 12/31/25	12/31/25	

Date Entered
11/4/2025

Date Signed

Address - Facility (Street, City, State, Zip Code) S 20Th St Manitowoc WI 542205642	Telephone Number 920-323-2590	Date - Regulation Visit 11/3/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.06(2)(n)5. Radon - Continuous Testing Description: The provider did not have a radon test every 2 years. The last one was completed on 5/17/23.	I have ordered a Radon test from the Manitowoc Health Dep. and will send in the test results as soon as I receive it.	12/31/25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(2)(a)3 Child Record - Alternate Arrival / Release Agreement	I have given the form to the parents and expect it to be returned before 11/18/25	11/18/25	
Description: One child did not have his alternate release form in his file			
Continuing Education - Documentation Of 12 Month Period	I have 2 five hours courses ordered and expect to complete before 12/31/25	12/31/25	
Description: The provider did not have her 15 hours of continuing education documented for 2024.			
Revised - Document Provided on 10/2/2025			

- Agency Worker
 Iner Date Issued
11/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee Date Signed
11-5-25

Kamille Johnson