

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
608-422-6765

Date Correction Plan Due  
2/26/2025

**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 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

Mindt's Sunshine Playhouse Childcare Center

5000588935 / 001 - 2002983

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

223 Progressive Dr Baraboo WI 539138738

608-253-5557

2/11/2025

| Rule/Statute Number<br>Noncompliance Statement   | Correction Plan  | Expected Completion Date | Verification Date |
|--|--|--------------------------|-------------------|
| <p>1 251.05(2)(a)3.a.<br/><b>Staff Record - Physical Examination</b></p> <p>Description: Staff B is missing a physical examination report stating the person is free of communicable diseases and is physically able to work with young children.</p> <p>Repeat violation: Previously cited on 9/6/2023, 4/25/2023</p> | <p>Staff B has a physical exam on file, but it is not on the correct form. Staff B will make an appointment for an updated physical exam and have the correct form filled out stating that they are free of communicable diseases and are physically able to work with young children.</p> | <p>03/31/25</p>          |                   |

NAME - Agency Worker  
Amy Anderson

Date Issued  
2/12/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*[Handwritten Signature]*

03/06/2025