Date Correction Plan Due 7/20/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 608-422-6765

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**	
Mindi's Sunshine Playhouse Childcare Center		5000588935 / 001 - 2002983	
Address - Facility (Street, City, State, Zip Code) 223 Progressive Dr Baraboo WI 539138738	**Telephone Number** 608-253-5557	**Date - Regulation Visit** 7/6/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(i)1. **Washing Child's Hands & Face** Description: In the toddler room, children over age one only have their hands wiped with a wet-wipe after diapering instead of having their hands washed with soap and water as required.	All staff have been retrained on licensing requirements for washing children's hands with soap and water after each diaper change. Classroom procedures have been reviewed to ensure soap, running water, and appropriate supplies are readily available. Administrative staff will conduct routine observations and monitoring to verify compliance and ensure proper handwashing practices are consistently implemented.	07/08/26	
2	251.09(1)(e) **Infant & Toddler - Provider Training** Description: Staff C, who has been working with infants and toddlers for more than six months, has not completed the required infant and toddler training that was due within six months of working with this age group. Repeat violation: Previously cited on 5/5/2026	Staff C ~~has been~~ is enrolled in the required training and the center will ensure completion as soon as possible. Administrative staff have implemented a training tracking system to monitor required training deadlines and verify that all staff complete and document required training within the regulatory timeframe. Staff files will be reviewed regularly to ensure ongoing compliance with licensing requirements.	08/24/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(4)(b) **Infant & Toddler - Sinks In Self-Contained Area** Description: In the infant room, staff have been washing their hands after diapering in the same sink used to rinse dishes.	Staff have been retrained on proper sink usage and sanitation procedures. The center has implemented procedures to ensure that sinks are used only for their designated purpose, and administrative staff will conduct routine monitoring to verify ongoing compliance with licensing requirements.	07/08/26	

NAME - Agency Worker
Amy Anderson

Date Issued
7/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jyi Bachman

Date Signed
07/20/2026