



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 14, 2021

Kimberly Funk
SonShine Corner Learning Center LLC
21 W. Muskegon
Kent City, MI 49330

RE: License #: DC410296655

RE: SI LOG #: SonShine Corner Learning Center LLC
21 W. Muskegon
Kent City, MI 49330

Dear Ms. Funk:

This letter is to advise you that the 05/13/2021 corrective action plan you submitted, regarding each rule violation cited in the recently completed Renewal Licensing Study Report, is approved.

You can find a copy of this corrective action approval letter and the associated report on our [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of each type of report and corrective action plans can be found under [Overview of Licensing Reports](#).

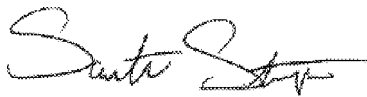
Violation cited	Noncompliance observed	Plan to correct	Date to be completed
R 400.8143(2) Children's Records.	10 out of 11 child information records reviewed were not updated annually as required.	Ms. Funk will review child information cards annually to ensure they are updated each year.	05/13/2021
R 400.8335(11) Food services and nutrition; provided by center.	6 infant bottles were missing last names and dates.	Ms. Funk will ensure first and last names are written on each infant bottle along with the current date.	05/13/2021
R 400.8510(3) Plans and specifications; submission; approval; inspections.	Ms. Funk did not complete a fire safety inspection prior to this renewal inspection date.	Ms. Funk will call and schedule a fire safety inspection as soon as possible.	07/01/2021

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Samantha Struppa". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Samantha Struppa, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 690-2934