



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 28, 2022

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

RE: License #: DC410296655
2022D0614001
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 01/25/2022 corrective action plan you submitted, regarding each rule violation cited in the recently completed Special Investigation 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
R400.8182(3) Ratio and group size requirements.	The youngest child in the downstairs preschool classroom was 2 years and 5 months in September 2021. Attendance records indicate the classroom is operating over the maximum group size with this age group as they average 20 children each day. Staff members report roughly 3 staff members present in the classroom. Ms. Schafer stated she had 25 children on 10/26/21.	Ms. Funk will review birthdays prior to children transitioning to the preschool classroom to ensure ratio and capacity requirements are being maintained.	12/31/2021

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 (517) 284-9730.

Sincerely,

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

Samantha Struppa, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(616) 690-2934