DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

RECEIVED
JUL 29 2025

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/7/2025		

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 202.085, DCF 250.04(2)(f) 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
Little Rainbow Learners Daycare	6000592786 / 001

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1112 W Knapp St Rice Lake WI 548681334	715-642-4482	6/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1m)(c) **A Certified Family Child Care Operator Shall Submit A Completed Background Check Request Form To The Department Or Certification Agency For Each Potential Household Member Age 10 Or Older Prior To The Date On Which The Person Becomes A Household Member.**	After his left my residence I had my brother find a different Place to reside, had him change his address and also had him do a background check submitted and fingerprinted appointment scheduled for 6/26/25. From now on I will make sure the 2 forms are done and approved before any other people(s) reside in my home during daycare hours of operation.		

NAME - Agency Worker
Lisa Cottrell

Date Issued
6/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
6/25/25

DCF-F-CFS0294-E (R 09/2011)

[Quoted text hidden]