

| | | |
|---------------------------------------|--|--|
| Date Correction Plan Due 8/24/2024 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-930-1148 |
|---------------------------------------|--|--|

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 | | |
| Rays Of Sunshine | | 2000590572 / 001 - 2005650 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| 3231 Midway St Eau Claire WI 547031166 | | 715-530-2750 | 8/7/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The provider didn't have documentation that she completed Child Abuse and Neglect Training within the previous 2 years, as required by rule. | <i>Set a reminder on phone to repeat every 2 years</i> | <i>8/13/24</i> | |
| 2 | 250.06(2)(a) Electrical Or Hot Surface Protection Description: A working, oscillating fan was observed in the child care space. It didn't have a guard to protect children from sticking their fingers inside. Additionally, a number of outlets were found without protective covers. | <i>Have the fan positioned behind a gate out of Harris way when using the fan. Make sure the outlet covers are put back^{on} when done in use.</i> | <i>8/13/24</i> | |

Received
State of Wisconsin
AUG 16 2024

DCF DECE BECR
WRO

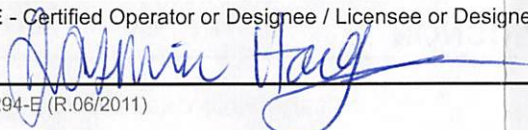
| | | | | |
|--|---|---|-------------------------------------|------------------------------|
| Name - Certified Operator / Licensed Center Rays Of Sunshine | | Provider Number / Facility ID Number 2000590572 / 001 - 2005650 | | |
| Address - Facility (Street, City, State, Zip Code) 3231 Midway St Eau Claire WI 547031166 | | Telephone Number 715-530-2750 | Date - Regulation Visit 8/7/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 3 | 250.07(6)(b)3.c. Medical Log Book - Medication Dispensed Description: The provider hasn't been documenting in the medical/accident log, the times and dates when she administers medication. | Have the med log book near the medication as a reminder to document it. | 8/13/24 | |
| 4 | 250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The provider didn't have written documentation from a parent, authorizing the provider to administer medication to the parent's child. (The parent did provide the medication to the provider and verbally requested it be administered.) | Double checking paperwork and making sure I have all appropriate paperwork I need in files. | 8/13/24 | |

NAME - Agency Worker
Heather Ruf

Date Issued
8/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/13/24