

Date Correction Plan Due 10/23/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Rhonda's Little Rainbows		Provider Number / Facility ID Number 5000566835 / 001 - 630694		
Address - Facility (Street, City, State, Zip Code) 578 Ring Rd Mosinee WI 544551802		Telephone Number 715-574-1662	Date - Regulation Visit 10/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(c) Staff File - Days, Hours Worked Description: Staff A is not filling out attendance to show when she is in ratio with the children.	I started to keep track of my hours	10/7/25	
2	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff A did not complete 15 hours of continuing education in 2024.	I have filled out things that I have researched online as I didn't realize this counted as my continuing ed	10/7/25	

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3	250.06(7)(a)1. Exits - Unobstructed Description: The window exit in the basement was obstructed.	The cots have been removed and put in their correct location. Window is clear	10/7/25
4	250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: Per observation, and infant under the age of 1 was laying in a pack and play with a blanket inside.	Blanket was removed immediately	10/7/25

NAME - Agency Worker
Bonnie Davis

Date Issued
10/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/10/25