Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/14/2026		715-361-7700

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
Rhonda's Little Rainbows	5000566835 / 001 - 630694

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
578 Ring Rd Mosinee WI 544551802	715-574-1662	7/28/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Child 2 did not have a health history on file. Repeat violation: Previously cited on 11/11/2024	Form has been filled out and in childs folder	10/1/26	
2	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: Child 6 did not have an updated health report on file.	Form has been filled out and put in child's folder	9/8/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 7 did not have an updated health report on file. Repeat violation: Previously cited on 11/11/2024	Child is no longer enrolled as she started school	8/22/26	
4	250.05(3)(e)1. **Provider Training - Obtain Cpr Certificate** Description: Provider A on the Staff ID Key did not have a current CPR certificate on file.	Completed and waiting for certificate	Oct 19	
5	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Provider A on the Staff ID Key did not have a current child abuse and neglect training certificate on file.	Completed	10/16/26	

NAME - Agency Worker
Bonnie Davis

Date Issued
7/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Rhonda L Piotrowski

Date Signed
10/16/26