

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 1/13/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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		Provider Number / Facility ID Number	
Over The Rainbow Childcare		6000591756 / 001 - 2006961	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
137 N Oak St Ellsworth WI 540119074		651-354-0956	10/13/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: Child Enrollment forms were not available for review for Child # 1 and 2. Child enrollment information is required to be on file prior to the child's first date of attendance.	ASK to receive child enrollment Paper work Immediately,	01/07/2026
2	250.04(6)(a)1m. Child Record - Health History Description: Health History and Emergency Care Plan forms were not available for review for Child # 2 and # 7. Health History and Emergency Care Plan form information is required to be on file prior to the child's first date of attendance.	ASK to receive child's health history form Immediately	01/07/2026

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Address - Facility (Street, City, State, Zip Code) 137 N Oak St Ellsworth WI 540119074		Telephone Number 651-354-0956	Date - Regulation Visit 10/13/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child # 1 was missing documentation of having received a follow up health examination within the past 6 months. The most current health exam on file was dated 09/04/24.	Check Files every 2 weeks to ensure up to date. Recieve child's physical exam immediately	01/07/2026	
4	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Written consent for emergency medical treatment was not available for review for Child # 1 and # 2.	Recieve child's consent form immediately. Check Files every 2 weeks	01/07/2026	

NAME - Agency Worker
April Callihan

Date Issued
12/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

01/07/2026