

Date Correction Plan Due 7/29/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 920-785-7811
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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.

<b>Name - Certified Operator / Licensed Center</b> Under The Rainbow Llc		<b>Provider Number / Facility ID Number</b> 7000556607 / 001 - 1007050	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1515A S Lincoln St Shawano WI 541663428		<b>Telephone Number</b> 715-524-4006	<b>Date - Regulation Visit</b> 6/11/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff members A and B on the staff record checklist failed to have health reports on file.  Repeat violation: Previously cited on 12/11/2023	Both staff will have health reports on file within 2 weeks.	one was completed 6-13-2025  one was completed 6-30-2025
2	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff member B on the staff record checklist failed to complete the mandated biennial CPR training.	CPR will be completed by individual as soon as possible.	CPR was completed on June 18, 2025

Jul 1, 22, 2025 9:50AM

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training  Description: Staff member A on the staff record checklist failed to complete the biennial Child abuse/mandated reporter training.  Repeat violation: Previously cited on 12/11/2023	Staff member will complete immediately.	Online training was completed on 6-11-25

NAME - Agency Worker  
Gina Linssen

Date Issued  
7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Gina Carlson*

7-22-2025

No. 0736 P. 3