

No. 0773 P. 2

Date Correction Plan Due	<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 202.085, 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 Under The Rainbow Llc		Provider Number / Facility ID Number 7000558607 / 001 - 1007050		
Address - Facility (Street, City, State, Zip Code) 1515A S Lincoln St Shawano WI 541663428		Telephone Number 715-524-4006	Date - Regulation Visit 10/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. <b>Monitoring Results Posted</b>  Description: Center failed to have Monitoring results posted.	The monitoring results had been inadvertently been placed in a file. They are now posted.	11-3-2025	
2	251.07(6)(dm)1. <b>Medical Log Book</b>  Description: In the one year old classroom; the medical log book was not numbered and there was a corner ripped out of one page that had already been wrote on.	The one year old medical log book pages have been numbered. Staff have been advised to make sure pages are numbered and not to write on ripped pages.  No information was missing from entries made on ripped page.	11-3-2025	

NAME - Agency Worker  
Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Lori Carlson*  
DCF-F-CFS0294-E (R.06/2011)

12-4-2025

Dec. 4. 2025 1:33PM