

<b>Date Correction Plan Due</b> 6/16/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Rays Of Sonshine		<b>Provider Number / Facility ID Number</b> 4000589204 / 002 - 2005499		
<b>Address - Facility (Street, City, State, Zip Code)</b> 706 Lehmann Way Somerset WI 540257383		<b>Telephone Number</b> 715-247-2273	<b>Date - Regulation Visit</b> 5/27/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b>  Description: Documentation of a fire & tornado drill for April 2025 was not observed. The center is required to keep written records of dates and times of all the monthly fire and tornado drills practiced.	Fire * Tornado drill was performed on 5/28/25 to correct. In future drills will be performed monthly - documented.	5/28/25	
2	251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b>  Description: A child care worker in the toddler room did not wash the child's hands after diapering as is required by rule. This was observed by the Licensing Specialist on 05/27/2025.	All staff were reminded that ALL childrens hands needed to be washed after diapering.	5/28/25	

Name - Certified Operator / Licensed Center Rays Of Sunshine		Provider Number / Facility ID Number 4000589204 / 002 - 2005499	
Address - Facility (Street, City, State, Zip Code) 706 Lehmann Way Somerset WI 540257383		Telephone Number 715-247-2273	Date - Regulation Visit 5/27/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker  
Wendy Badzinski

Date Issued  
6/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Austine Thomas*  
DCF-F-CE60294-E (R.06/2011)

Date Signed

*6/2/25*