

Date Correction Plan Due 11/21/2025	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 Rays Of Sonshine		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 11/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)7. Staff Record - Continuing Education Description: Contrary to rule, Staff B, C and D did not have documentation of the yearly requirement of 15 hours of continuing education in 2024.	Moving forward continuing education hours will be tracked each qtr to ensure hours are being completed.	For the 2025 school yr. hrs will be completed by 12/31/25	
2	251.055(1)(b) Supervision - Teacher Per Group Of Children Description: An assistant teacher was providing sole supervision to a group of children outside the first two/last two hours of center operation and two-hours of a designated nap time during the licensing visit on 11/06/25.	Moving forward an assistant teacher will not be left alone with a group of children outside the first/last hrs of operation. A lead teacher will be present	11/7/25	

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 11/6/2025	
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NAME - Agency Worker
Wendy Badzinski

Date Issued
11/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kustine Thomas

Date Signed
11/7/25