DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 10/14/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-930-1148

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**
Rays Of Sonshine	4000589204 / 002 - 2005499

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
706 Lehmann Way Somerset WI 540257383	715-247-2273	9/29/2026

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: The attendance was not current and accurate on the day of the licensing visit when two children were not signed in on the attendance record in the Joy room.	Staff were reminded of the importance of having the children's attendance accurately documented. Management is also confirming it is being done.	10/14/26	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: The same staff file previously cited on 04/01/26 did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children. Repeat violation: Previously cited on 4/1/2026	Staff Member was seen by the Dr. on 10/22/26 and has returned to work with a completed TB test and Staff Health Report for her file.	10/22/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Rays Of Sonshine		4000589204 / 002 - 2005499	
Address - Facility (Street, City, State, Zip Code) 706 Lehmann Way Somerset WI 540257383	**Telephone Number** 715-247-2273	**Date - Regulation Visit** 9/29/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	251.09(1)(b) **Infant & Toddler - Location & Sharing Intake Information** Description: Rule states that admission information for an infant or toddler shall be on file in the room or area to which the child is assigned. One child was missing an intake form in the room or area in which the child was being cared for on the day of the monitoring visit.	child files in the classrooms have been corrected and in the case a child is moved to another classroom their paperwork of admission is brought to the room they are being cared for in.	10/14/26

NAME - Agency Worker
Wendy Badzinski

Date Issued
9/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kristen Thomas

Date Signed
10/14/26