

Date Correction Plan Due
8/5/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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.

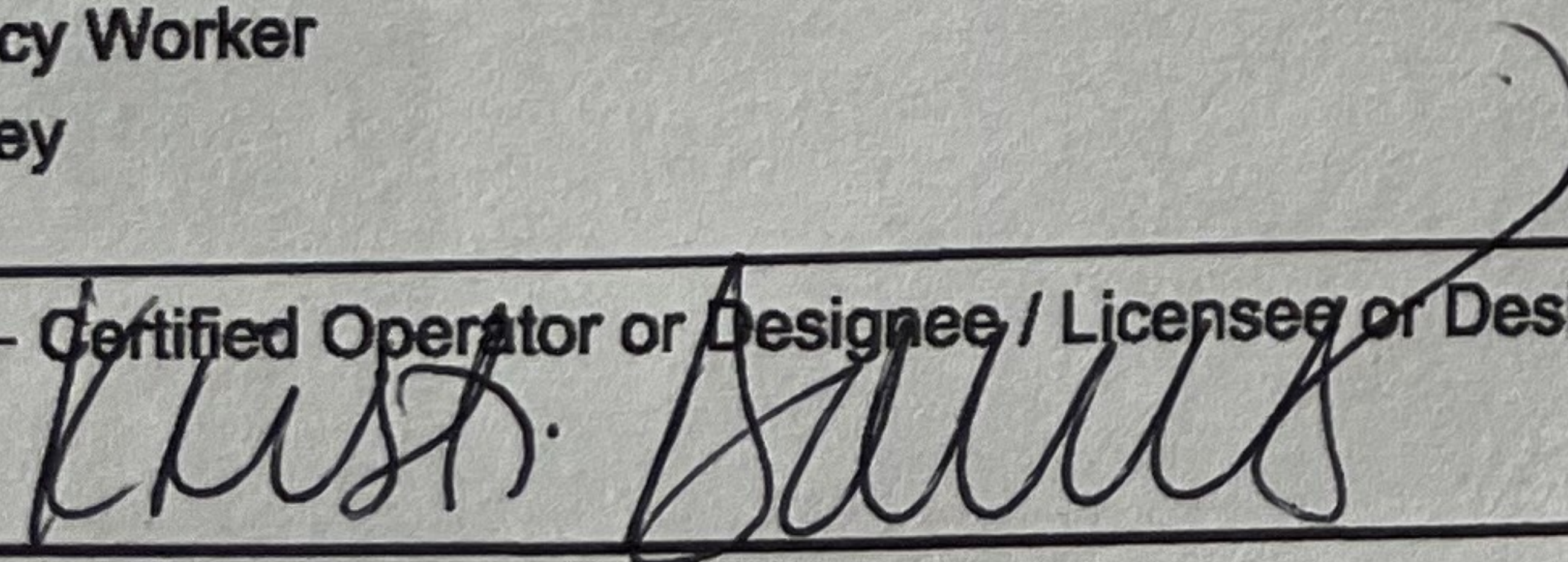
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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	
Little Sprouts Nursery And Preschool		7000591537 / 001 - 2006732	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2255 Prairie Ave Beloit WI 535112668		608-368-7100	4/24/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills</p> <p>Description: The program did not have a written record of monthly fire drills practiced.</p> <p>Repeat violation: Previously cited on 3/6/2024</p>	<p><i>Tornado drills will be conducted & recorded monthly April-October Fire drills will be conducted & recorded monthly all year round</i></p>	<p><i>will be performed monthly. 7/29/24</i></p>	

NAME - Agency Worker
Jenny Sweeney

Date Issued
7/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/29/24