

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
1/17/2025

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)		Date - Regulation Visit	
2255 Prairie Ave Beloit WI 535112668		12/10/2024	
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Staff B, C, D and E did not have a completed background check on file prior to beginning work as required. Staff B has been working since August 2024 without a completed background check.  Repeat violation: Previously cited on 2/20/2024	All Background checks have been computed. going forward all checks will be done prior to staff first day.  Staff B had training of Abusive head Trauma, certificate had expired. Training was re-certified.	12/31/25	
2 251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff B did not have documentation of completed abusive head trauma prevention training on file prior to working with children as required.	Staff B had training of Abusive head Trauma, certificate had expired. Training was re-certified.	12/17/25	

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: Staff B did not have documentation on file of current infant/child CPR training as required.	CPR training is scheduled for 1/22/25 for all staff	1/22/25	
4 251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b> Description: Staff A did not have documentation of current child abuse and neglect prevention training on file as required.	The training had been completed. The certificate was not able to be printed. Since has been re-watched & credited via registry.	12/23/25	
5 251.05(3)(e)2. <b>Center Director - Responsibilities</b> Description: The director responsibilities were not as required when multiple staff had an incomplete orientation process, including completed background checks and required coursework prior to work in a classroom.	As director I have delegated some of my responsibilities to ensure we are able to meet and exceed all licensing requirements.	12/20/25	
6 251.05(4)(a) <b>Staff Orientation - Develop, Implement, Document</b> Description: Staff A and B did not have documentation of orientation program completed within their first week at the center as required.	Staff orientation has been done & will be completed upon hire going forward	12/20/25	

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Little Sprouts Nursery And Preschool

Provider Number / Facility ID Number  
7000591537 / 001 - 2006732

Address - Facility (Street, City, State, Zip Code)  
2255 Prairie Ave Beloit WI 535112668

Telephone Number  
608-368-7100

Date - Regulation Visit  
12/10/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

Date Issued  
1/3/2025

NAME - Agency Worker  
Jenny Sweeney

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1/13/25