

Date Correction Plan Due 3/26/2025	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		Provider Number / Facility ID Number	
Hillside Sprouts Childcare		9000591739 / 001 - 2006945	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
205 Barron Ave Star Prairie WI 540267125		651-503-9991	2/25/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 2, 4 and 5 were admitted to the center in August 2024 and do not have a health exam on file.	Received paper work from parents of child 2, 4, 5	3/14/25
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 3 was admitted on 08/05/24 and does not have immunization history on file.	Received imm. history from child 3 parents	3/20/25

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.05(3)(g) Provider Training - Abusive Head Trauma Description: Staff A, a second provider has not completed abusive head trauma prior to working with children.	Julia is signed up to take class on April 16th	April 16
4	250.06(3)(b) Emergency Plans - Practice Description: The center has not practiced or documented fire or tornado drills since opening 07/08/2024.	Printed off sheet to practice drills and take record	3/20

NAME - Agency Worker
Wendy Badzinski

Date Issued
3/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed