Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/28/2026		920-785-7811

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 Ua	7000577817 / 001 - 420335

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
N1615 Meadowview Dr Greenville WI 54942	920-757-5032	9/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: one staff member #A did not have abusive head trauma training prior to working with children - see checklist. Repeat violation: Previously cited on 9/17/2025	Staff was signed up for foundations class but it started after hire which offers it. Will go on website & have it done before start even if enrolled in class	10/28/26	
2	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: One staff member #A did not have an orientation in file after the first week of employment - see checklist.	Staff Orientation was completed on 10/5/26 It will be done before hire goes forward	10/28/26	

NAME - Agency Worker
Jill Kellner

Date Issued
9/14/2026

SIGNATURE - Certified Operator or ~~Designee / Licensee~~ or Designee
Arnella Peters

Date Signed
10/28/26