

Date Correction Plan Due 2/3/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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.

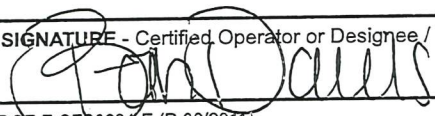
Name - Certified Operator / Licensed Center Hilltopper Hangtime		Provider Number / Facility ID Number 5000589215 / 001 - 2003585		
Address - Facility (Street, City, State, Zip Code) 850 Maple St Glenwood City WI 540134346		Telephone Number 715-265-7609	Date - Regulation Visit 1/14/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Documentation that indicates the child's immunization history is in compliance with s. 252.04, Stats., and ch. DHS 144 was not observed in the files for Child #1, #2, #3, #4 and Child #7.	Collect immunizations for student file	Completed 01-16-26	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C, D and E were missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department	All staff have current documentation in staff files	Completed 01-21-26	

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B and C were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	All staff have current documentation in staff files	Completed 01.21.26

NAME - Agency Worker
Wendy Badzinski

Date Issued
1/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

01.21.26