

<b>Date Correction Plan Due</b> 12/1/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Little Sprouts Childcare Center		7000574087 / 002 - 2008082	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
520 E Grand Ave Chippewa Fls WI 54729		715-939-1064	10/30/2025
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: The Child Enrollment form for Child #1 and Child #2 did not have the child's first day of attendance.	Have parents fill in. Double check all forms for completion. use online forms	10/30/25 <del>10/30/25</del>
2	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Child Health Report form for Child #3 was incomplete. The examination date was not provided on the Health Report form.	Have parent get new form with proper information.	11/03/25 <del>11/03/25</del>

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	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
3	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Center did not have a Staff Health Report completed for Staff #A and Staff #B. Both staff's employment start date was 4-28-2025.	Make appt. for physical	12.05.25	
4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff #D's employment start date was 5-5-2025 and this staff have not completed the required CPR training within 3 months from 5-5-2025.	Will be more diligent with making sure staff complete files	11.05.25	<del>11.05.25</del>
5	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff #D's employment start date was 5-5-2025 and this staff have not completed the required Mandated Reporter Training in Child Abuse and Neglect within one week from 5-5-2025.	Will be diligent in having staff print forms	11.05.25	<del>11.05.25</del>

**NAME - Agency Worker**  
Sou Yang

**Date Issued**  
11/17/2025

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**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
*Sammie Perkins*

**Date Signed**  
11.25.2025