

Date Correction Plan Due 3/3/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Healthy Sprouts Family Childcare		Provider Number / Facility ID Number 5000589835 / 001 - 2004522		
Address - Facility (Street, City, State, Zip Code) 13428 46Th Ave Chippewa Fls WI 547294802		Telephone Number 715-222-9930	Date - Regulation Visit 12/9/2024	
Received State of Wisconsin FEB 24 2025				
Rule/Statute Number Noncompliance Statement	DCF DECE BECR WRO	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement  Description: Child #1 and Child #2 are required to have a written plan from the child's parent for authorizing the child's arrival to the center or release from the center. The center may use the Alternate Arrival and Release form for meeting this requirement.	given form and signed by guardians	12/10/2024 Child #1 + 2	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5  Description: The child care center's health report record for Child #3 and Child #4 showed that their last physical examination was beyond 2 years. The center is required to maintain records of the child's physical examination completed every 2 years.	forms given to parents forms returned	12/17/2024 Child #4 1/25/2025 Child #3	

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3	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Center did not have the immunization history records for Child #4.	form given to guardian form returned	12/17/2024	
4	250.05(2)(c) <b>Staff File - Days, Hours Worked</b>  Description: Center did not document the hours worked by the second provider.	back dated 2 <sup>nd</sup> providers time	12/18/2024	
5	250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: Center did not have a completed Staff Health Report form for the second provider.  Repeat violation: Previously cited on 12/13/2022	form found	2/20/2025	

NAME - Agency Worker  
Sou Yang

Date Issued  
2/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kate Hansen*

Date Signed

2/20/2025