6/25/2022

NONCOMPLIANCE STATEMENT AND CORRECTION **Date Correction Plan Due** PLAN

STATE OF WISCONSI TO FILE A COMPLAINT CALL

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and beautific Children and Families 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), and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the 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.

				der Number / Facility ID Number 589835 / 001 - 2004522	
Address - Facility (Street, City, State, Zip Code)  13428 46Th Ave Chippewa Fls WI 547294802		Telephone Number 715-222-9930	Date - Regulation 6/8/2022	Date - Regulation Visit 6/8/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	250.04(6)(a)4.  Child Record - Physical Exam  Description: During a children's file review, it was noted that two children were missing current physical exam reports.	Form given to Samily or 6/8/22	1		
2	250.04(8)(b)  Biennial Training - Child Abuse & Neglect  Description: During a personnel file review, it was noted that the provider hasn't received biannual Child Abuse and Neglect training within the previous two years.	Training on-line Training on-line Done on 6/8/22	6/8/22		

Nan	ne - Certified Operator / Licensed Center		Provider Number / Facility ID Number 5000589835 / 001 - 2004522		
Hea	althy Sprouts In Home				
Address - Facility (Street, City, State, Zip Code) 13428 46Th Ave Chippewa Fls WI 547294802		Telephone Number 715-222-9930	Date - Regulation Visit 6/8/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	250.05(2)(d)1.  Staff File - Physical Examination - Form  Description: It was noted that the provider does not have a physical exam report on file, as required.  Repeat violation: Previously cited on 9/23/2020	Exemption Def written to Def			
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	ME - Certification Worker / Licensing Specialist ther Ruf		Date Issued 6/8/2022		
SIG	NATURE - Certified Operator or Designee / Licensee or Designee		Date Signed 6/14/2Z		
DCF	-F-CFS0294-E (R.06/2011)		( ' (	Page 2 of 2	

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