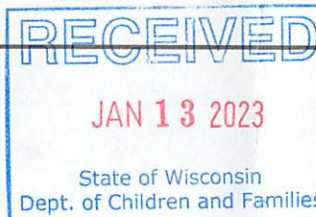


Date Correction Plan Due 12/30/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---	--	---

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 12/13/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(d)1. Staff File - Physical Examination - Form Description: The provider did not have a physical health exam report on file, as required by rule. Repeat violation: Previously cited on 6/8/2022		12/31/23	
2	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: During a monitoring visit, the Licenser found that one of the cabinet doors underneath the downstairs sink, didn't have a working safety latch. Thus, cleaning chemicals in the cabinet were accessible to children.	Put on new safety latch	12/12/22	



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 12/13/2022
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date

NAME - Agency Worker
Heather Ruf

Date Issued
12/13/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed