Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/31/2026		715-361-7700

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	Provider Number / Facility ID Number
Camp In The Gardens - Sprouts Garden Preschool	8000590478 / 001 - 2005528

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1901 N 4Th Ave Wausau WI 544011943	715-575-1903	7/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(1)(m) **Health, Safety & Welfare Of Children** Description: Per observation, a couple of children ages 3-4 years old who administered their own sunscreen had a lot of it left on their hands and did not wash it off. By not washing it off, the children touched objects around them and were at risk of touching their eyes or putting it in their mouths.	Train all staff to wipe child's hands after they self apply sunscreen	7/31/26	
2	252.44(6)(e)4. **Medication Storage - Current Authorization** Description: Per observation, there was an expired medication at the center.	check all medications for expiration ~~cumtp~~ at drop off, request new meds from parents	7/31/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.44(6)(e)5. **Authorization For Child To Carry Medication** Description: Per observation, child 8 has an inhaler and epi-pen that she carries in her backpack but her parent has not authorized her to do that.	Rewrite policy so that no child carries their own medications, staff carries all	7/31/26	
4	252.44(6)(g)3.b. **Medical Log - Injuries In Care** Description: Per observation/review, there were several entries in the medical log book that did not include times of when incidents occurred.	check med log after entry to ensure a time is listed. rewrite if needed.	7/17/26- ongoing	

NAME - Agency Worker
Bonnie Davis, Amanda Foley

Date Issued
7/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/17/2026