

Date Correction Plan Due 3/26/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Hillside Sprouts		Provider Number / Facility ID Number 9000586159 / 002 - 2006944		
Address - Facility (Street, City, State, Zip Code) 207 Barron Ave Star Prairie WI 540267125		Telephone Number 651-307-7203	Date - Regulation Visit 2/25/2025	
	Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. Child Record - Physical Exam Description: Child 4 was admitted to the center in June 2024 and does not have a health exam on file.	#A Brought in Form	Done 3-18	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 3 was admitted on 08/20/23 and child 4 was admitted on 06/06/24 and did not have immunization history on file.	#3 is no longer in our care. Went to center because they needed care until 6pm. #4 Brought in form	Done 3-18	

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3	250.06(3)(b) Emergency Plans - Practice Description: The center has not practiced or documented fire or tornado drills since opening 07/08/2024.	Printed out Fire drill + Tornado Form and have been practicing once a month.	Feb 27th Done

NAME - Agency Worker
Wendy Badzinski

Date Issued
3/11/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed