



Location  
1109 Moraine View Drive

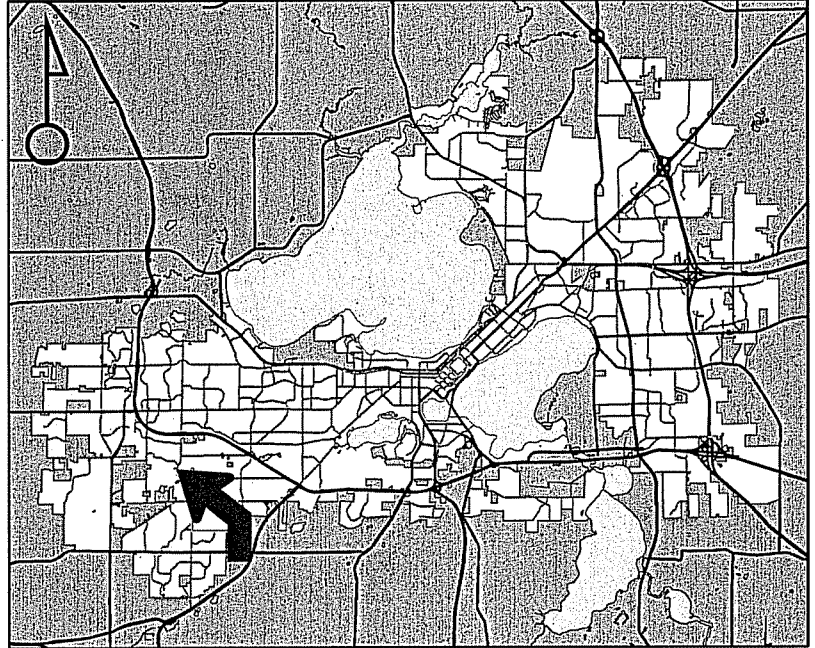
Project Name  
Bright Beginnings Day School

Applicant  
Sarah Tuttle/Barret V. Van Sicklen -  
DeWitt Ross & Stevens S.C.

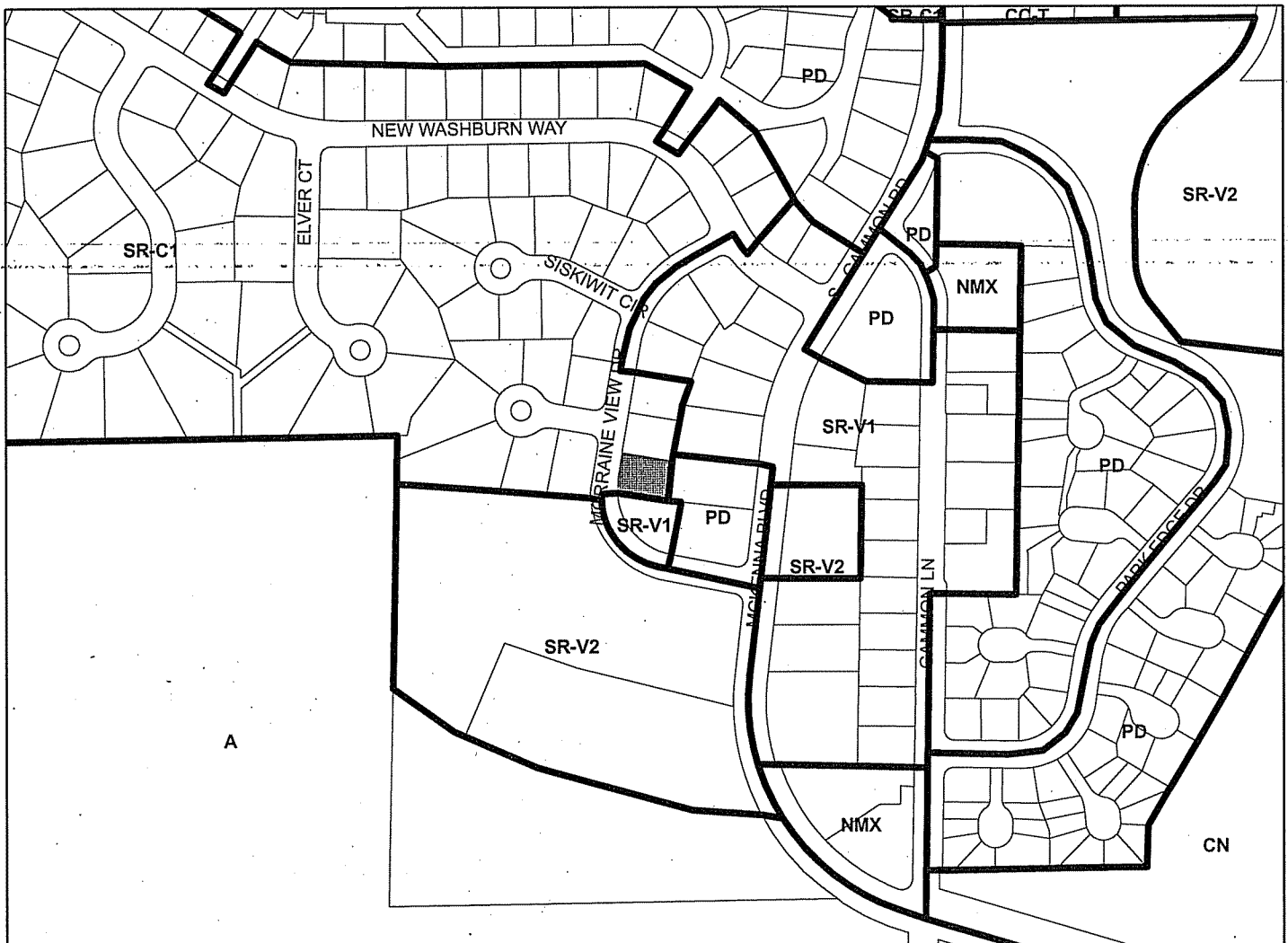
Existing Use  
Single-family house

Proposed Use  
Allow for home daycare facility

Public Hearing Date  
Plan Commission  
11 August 2014



For Questions: Contact: Kevin Firchow at: 267-1150 or [kfirchow@cityofmadison.com](mailto:kfirchow@cityofmadison.com) or City Planning at 266-4635



Scale : 1" = 400'

City of Madison, Planning Division : RPJ : Date : 01 August 2014





# LAND USE APPLICATION

CITY OF MADISON

215 Martin Luther King Jr. Blvd; Room LL-100  
PO Box 2985; Madison, Wisconsin 53701-2985  
Phone: 608.266.4635 | Facsimile: 608.267.8739

- All Land Use Applications should be filed with the Zoning Administrator at the above address.
- The following information is required for all applications for Plan Commission review except subdivisions or land divisions, which should be filed using the Subdivision Application.
- This form may also be completed online at: [www.cityofmadison.com/developmentcenter/landdevelopment](http://www.cityofmadison.com/developmentcenter/landdevelopment)

FOR OFFICE USE ONLY:	
Amt. Paid <u>1600</u>	Receipt No. <u>155442</u>
Date Received <u>6/25/14</u>	
Received By <u>DA</u>	
Parcel No. <u>0208-351-0313-9</u>	
Aldermanic District <u>1 Subell</u>	
Zoning District <u>SR-C1</u>	
Special Requirements <u>-</u>	
Review Required By:	
<input type="checkbox"/> Urban Design Commission	<input checked="" type="checkbox"/> Plan Commission
<input type="checkbox"/> Common Council	<input type="checkbox"/> Other: _____

Form Effective: February 21, 2013

1. Project Address: 1109 Morraine View, Madison, WI 53719  
Project Title (if any): \_\_\_\_\_

2. This is an application for (Check all that apply to your Land Use Application):

- Zoning Map Amendment from \_\_\_\_\_ to \_\_\_\_\_
- Major Amendment to Approved PD-GDP Zoning       Major Amendment to Approved PD-SIP Zoning
- Review of Alteration to Planned Development (By Plan Commission)
- Conditional Use, or Major Alteration to an Approved Conditional Use
- Demolition Permit
- Other Requests: \_\_\_\_\_

3. Applicant, Agent & Property Owner Information:

Applicant Name: Sarah Tuttle Company: Bright Beginnings Day School  
 Street Address: 933 South Holt Circle City/State: Madison, WI Zip: 53719  
 Telephone: (608) 335-8808 Fax: ( ) Email: \_\_\_\_\_

Project Contact Person: Barret V. Van Sicklen Company: DeWitt Ross & Stevens S.C.  
 Street Address: 2 East Mifflin Street, Suite 600 City/State: Madison, WI Zip: 53703  
 Telephone: (608) 252-9386 Fax: (608) 252-9243 Email: bvv@dewittross.com

Property Owner (if not applicant): N/A  
 Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Project Information:

Provide a brief description of the project and all proposed uses of the site: To run a family home daycare

Development Schedule: Commencement N/A Completion N/A

15

## 5. Required Submittal Information

All Land Use applications are required to include the following:

**Project Plans** including:\*

- Site Plans (fully dimensioned plans depicting project details including all lot lines and property setbacks to buildings; demolished/proposed/altered buildings; parking stalls, driveways, sidewalks, location of existing/proposed signage; HVAC/Utility location and screening details; useable open space; and other physical improvements on a property)
- Grading and Utility Plans (existing and proposed)
- Landscape Plan (including planting schedule depicting species name and planting size)
- Building Elevation Drawings (fully dimensioned drawings for all building sides, labeling primary exterior materials)
- Floor Plans (fully dimensioned plans including interior wall and room location)

Provide collated project plan sets as follows:

- **Seven (7) copies** of a full-sized plan set drawn to a scale of 1 inch = 20 feet (folded or rolled and stapled)
- **Twenty Five (25) copies** of the plan set reduced to fit onto 11 X 17-inch paper (folded and stapled)
- **One (1) copy** of the plan set reduced to fit onto 8 ½ X 11-inch paper

\* For projects requiring review by the **Urban Design Commission**, provide **Fourteen (14) additional 11x17 copies** of the plan set. In addition to the above information, all plan sets should also include: 1) Colored elevation drawings with shadow lines and a list of exterior building materials/colors; 2) Existing/proposed lighting with photometric plan & fixture cutsheet; and 3) Contextual site plan information including photographs and layout of adjacent buildings and structures. The applicant shall bring samples of exterior building materials and color scheme to the Urban Design Commission meeting.

**Letter of Intent: Provide one (1) Copy per Plan Set** describing this application in detail including, but not limited to:

- |   |   |  |
|---|---|--|
| • Project Team                                | • Building Square Footage                       | • Value of Land  |
| • Existing Conditions                         | • Number of Dwelling Units                      | • Estimated Project Cost                                     |
| • Project Schedule                            | • Auto and Bike Parking Stalls                  | • Number of Construction & Full-Time Equivalent Jobs Created |
| • Proposed Uses (and ft <sup>2</sup> of each) | • Lot Coverage & Usable Open Space Calculations | • Public Subsidy Requested                                   |
| • Hours of Operation                          |   |  |

**Filing Fee:** Refer to the Land Use Application Instructions & Fee Schedule. Make checks payable to: *City Treasurer*.

**Electronic Submittal:** All applicants are required to submit copies of all items submitted in hard copy with their application as Adobe Acrobat PDF files on a non-returnable CD to be included with their application materials, or by e-mail to [pcapplications@cityofmadison.com](mailto:pcapplications@cityofmadison.com).

**Additional Information** may be required, depending on application. Refer to the Supplemental Submittal Requirements.

## 6. Applicant Declarations

**Pre-application Notification:** The Zoning Code requires that the applicant notify the district alder and any nearby neighborhood and business associations in writing no later than **30 days prior to FILING this request**. List the alderperson, neighborhood association(s), and business association(s) AND the dates you sent the notices:  
Waiver granted

→ If a waiver has been granted to this requirement, please attach any correspondence to this effect to this form.

**Pre-application Meeting with Staff:** Prior to preparation of this application, the applicant is required to discuss the proposed development and review process with Zoning and Planning Division staff; note staff persons and date.

Planning Staff: Matt Tucker Date: 3/14/14 Zoning Staff: Greg Patmythes Date: 3/14/14

The applicant attests that this form is accurately completed and all required materials are submitted:

Name of Applicant Sarah Tuttle

Relationship to Property: Owner

Authorizing Signature of Property Owner Sarah Tuttle

Digitally signed by Sarah Tuttle  
DN: cn=Sarah Tuttle, o=ou, email=bvt@devitross.com,  
c=US  
Date: 2014.06.25 09:37:55 -0500

Date 6-25-14

15

**Vicki L. Owen**

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**From:** Barret V. Van Sicklen  
**Sent:** Wednesday, June 25, 2014 9:17 AM  
**To:** Vicki L. Owen  
**Subject:** FW: BBDS -- Conditional Use Permit

Waiver

Barret V. Van Sicklen  
Attorney  
DeWitt Ross & Stevens S.C.  
bvvdewittross.com  
Ph: 608-252-9386  
F: 608-252-9243

**DeWitt**  
Ross & Stevens  
[www.dewittross.com](http://www.dewittross.com)

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v-card >> bio >>

Two East Mifflin Street, Suite 600 | Madison, WI 53703-2865

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**From:** Subeck, Lisa [<mailto:district1@cityofmadison.com>]  
**Sent:** Sunday, June 22, 2014 7:49 AM  
**To:** Barret V. Van Sicklen  
**Subject:** RE: BBDS -- Conditional Use Permit

Barret,

Yes, I will waive the 30 day pre-application period. Can you please provide information regarding what concerns were addressed and how they were addressed?

Thanks,  
Lisa

Lisa Subeck  
District 1 Alder

(608) 358-7090  
[district1@cityofmadison.com](mailto:district1@cityofmadison.com)

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**From:** Barret V. Van Sicklen <[bvv@dewittross.com](mailto:bvv@dewittross.com)>  
**Sent:** Tuesday, June 17, 2014 4:24 PM  
**To:** Subeck, Lisa  
**Subject:** BBDS -- Conditional Use Permit

Alderwoman Subeck,

Are you still willing to waive the 30 day pre-application notification requirement? Bright Beginnings Day School would like to submit its application for a Conditional Use Permit at 7713 Twin Flower Drive and 1109 Moraine View Drive on June 25, 2014.

I also want you to know that we met with the Valley Ridge Homeowners Association last night and addressed all of their concerns.

Please advise. Thank you.

Barret

\*\*\*\*\*  
IRS Circular 230 Disclosure: To comply with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained herein (including any attachments), unless specifically stated otherwise, is not intended or written to be used, and cannot be used, for the purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter herein.  
\*\*\*\*\*

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This message is a PRIVATE communication. This message and all attachments are a private communication sent by a law firm and may be confidential or protected by privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in or attached to this message is strictly prohibited. Please notify the sender of the delivery error by replying to this message, and then delete it from your system. Thank you.

\*\*\*\*\*

June 25, 2014

Department of Planning and Community & Economic Development  
Madison Municipal Building  
215 Martin Luther King Jr. Blvd, Suite LL 100  
Madison WI 53703

RE: Conditional Use Permit – Bright Beginnings Day School

Dear Department:

We represent Sarah Tuttle and Bright Beginnings Day School (hereafter “BBDS”). Ms. Tuttle is the applicant for a conditional use permit to conduct a family daycare home at 1109 Morraine View, Madison, Wisconsin 53719 (“Morraine View”). Ms. Tuttle seeks a conditional use permit pursuant to a recent change in Madison’s zoning code relative to family daycares run out of homes located in zoned districts in which a single-family residence is a permitted use. Ms. Tuttle does not reside at Morraine View, but wishes for BBDS to operate a family daycare at that location. Thus, she is seeking a conditional use permit pursuant to the recently amended ordinance.

Applicable Law

Earlier this year, Section 28.151 of the Madison General Ordinances was amended, and now provides:

**Day Care Home, Family.**

- (a) The family day care home shall be the principal place of residence of the provider, as defined in Wis. Admin. Code ch. DCF 250.
- (b) Conditional use approval is required in the licensee, as defined in Wis. Admin. Code ch DCF 250, does not reside at, or have its principal place of business at, the family day care home.
- (c) No more than two employees who do not reside in the dwelling are permitted.

Previously, Madison's zoning code required that a family daycare home be the principal place of residence of the daycare home's operator. Now, it only requires that the home be the principal place of the "provider." Additionally, it requires a conditional use permit if the licensee does not reside at, or have its principal place of business at, the home.

A "provider" is defined by Wis. Admin. Code ch DCF 250.03(27) as "an adult who has met the requirements specified in s. DCF 250.05(1) in a family child care center and who provides care and supervision of the children in the care of the center."

A "licensee" is defined by Wis. Admin. Code ch DCF 250.03(18) as "the individual, corporation, partnership, limited liability company, non-incorporated association or cooperative that has the legal and fiscal responsibility for the operation of a center and for meeting the requirements of this chapter."

#### About BBDS

Ms. Tuttle is the owner of BBDS. She started BBDS in 2002 with the goal of providing exceptional quality care in a safe home-away-from-home environment. BBDS currently has three locations – at 933 South Holt Circle, Madison, Wisconsin 53719,<sup>1</sup> 7713 Twin Flower Drive, Madison, Wisconsin 53719<sup>2</sup>, and 1109 Morraine View, Madison, Wisconsin 53719. All three locations are fully licensed and accredited.

Pursuant to Ms. Tuttle's license with the State of Wisconsin (a copy of the license is attached at Tab A), only eight (8) children are allowed at the home at any given time.<sup>3</sup> Additionally, the hours of operation pursuant to its license are from 6:30 a.m. through 6:30 p.m., Monday through Friday (although BBDS is typically only open from 7:30 a.m. through 5:30 p.m., Monday through Friday). Moreover, although BBDS is licensed to serve children up to twelve (12) years old, it only allows kids to enroll up until the age of Kindergarten.

Finally, pursuant to the terms of the license, Ms. Tuttle and BBDS must maintain certain standards as set forth in Wis. Admin. Code ch. DCF 250. Failure to meet these standards could result in a license being revoked. Since 2002, Ms. Tuttle and BBDS have always maintained a license and have likewise earned the highest accreditation and rating available.

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<sup>1</sup> Ms. Tuttle resides at this location and, thus, does not need a conditional use permit.

<sup>2</sup> Ms. Tuttle is contemporaneously applying for a conditional use permit at this location too.

<sup>3</sup> Provided the appropriate employee/child ratio is maintained as set forth by the State of Wisconsin.



Department of Planning and Community & Economic Development

June 25, 2014

Page 3

## The Department Should Grant BBDS A Conditional Use Permit

Ms. Tuttle is seeking a conditional use permit so BBDS can operate a family daycare home at Morraine View. A copy of the site plan for the location is attached at Tab B.<sup>4</sup>

As set forth above, to operate a family daycare home at Twin Flower, Ms. Tuttle, in addition to a conditional use permit, must attest that: (1) a “provider” will reside at the location; and (2) no more than two employees can work at BBDS’s Twin Flower location that do not reside there. Ms. Tuttle meets the requirements.

First, if a conditional use permit is granted, a “provider” will be residing at Morraine View by September 1, 2014. Ms. Tuttle is willing to provide confirmation that a “provider” resides at the home, if need be.

Second, no more than two employees who do not reside at Morraine View will work there. Indeed, the only employees at any given time are the provider and one other BBDS employee.

The Department should grant Ms. Tuttle and BBDS a conditional use permit to operate a family daycare home at this location provided a “provider” resides at the home. A conditional use permit should be granted because, among other reasons:

1. The conditional use will not be detrimental to or endanger the public health, safety, or general welfare;
2. The conditional use will not prevent the City of Madison from providing municipal services to the property;
3. The conditional use will not substantially impair or diminish the use, value or enjoyment of other property in the neighborhood;<sup>5</sup>
4. The conditional use will not impede the normal and orderly development and improvement of the surrounding property;
5. The conditional use will have no impact on utilities, access roads, drainage, parking supply, or internal circulation units; and
6. The conditional use will conform with the applicable zoning code and Wisconsin law with respect to family daycare homes.

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<sup>4</sup> Although not relevant for the purpose of granting a conditional use permit, the home must meet certain requirements to be granted a license. This home has met all of the requirements.

<sup>5</sup> Ms. Tuttle has already met with the Valley Ridge Homeowners Association and they do not oppose the granting of a conditional use permit.

# DeWitt

Ross & Stevens s.c. Law Firm

Department of Planning and Community & Economic Development

June 25, 2014

Page 4

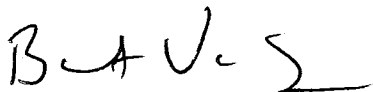
## Summary

BBDS is the type of small, woman-owned business that the City of Madison should encourage. BBDS is a fully licensed and accredited family daycare home that meets all the standards for granting a conditional use permit. Therefore, the conditional use permit should be granted.

Respectfully submitted,

Sincerely,

**DeWitt Ross & Stevens s.c.**



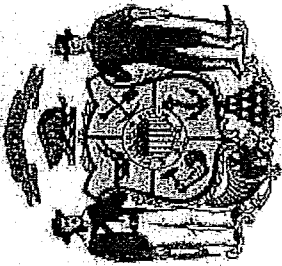
Barret V. Van Sicklen

BVV:vlo

Enclosures

cc: Bright Beginnings Day School (w/ enclosures)

State of Wisconsin



# Child Care Center License

## Sarah Tuttle

is licensed to operate a Family Child Care Center known as  
**BRIGHT BEGINNINGS DAY SCHOOL 3**  
1109 Morraine View Dr Madison, WI 53719

### Hours of Operation:

Months	Capacity		Monday	Tuesday	Wednesday	Thursday	Friday
	Day	Night					
Jan - Dec	8	0	07:00 A - 07:00 P	07:00 A - 07:00 P	07:00 A - 07:00 P	07:00 A - 07:00 P	07:00 A - 07:00 P

### Ages Served:

6 Week(s) to 12 Year(s)

### Conditions:

Exception 02/01/2014 - 01/31/2016 See Posted Exception

ORIGINAL LICENSE DATE: 07/03/2009

PRINTED DATE: 02/11/2014

This license is effective unless revoked, suspended or voluntarily surrendered. The Letter of Transmittal is incorporated herein. Any and all exceptions and stipulations or conditions to this license shall be posted near the license certificate.

This license is granted under the pertinent provisions of section 48.65 through 48.77 of Wisconsin statutes.

Provider Number: 2000574872 / 004

DCF-F-CFS0061-E (Revised 06/2011)

(Eloise Anderson)

Secretary

DEPARTMENT OF CHILDREN AND FAMILIES

To determine the current status of this license or to file a complaint regarding this facility, please contact: 6082662900

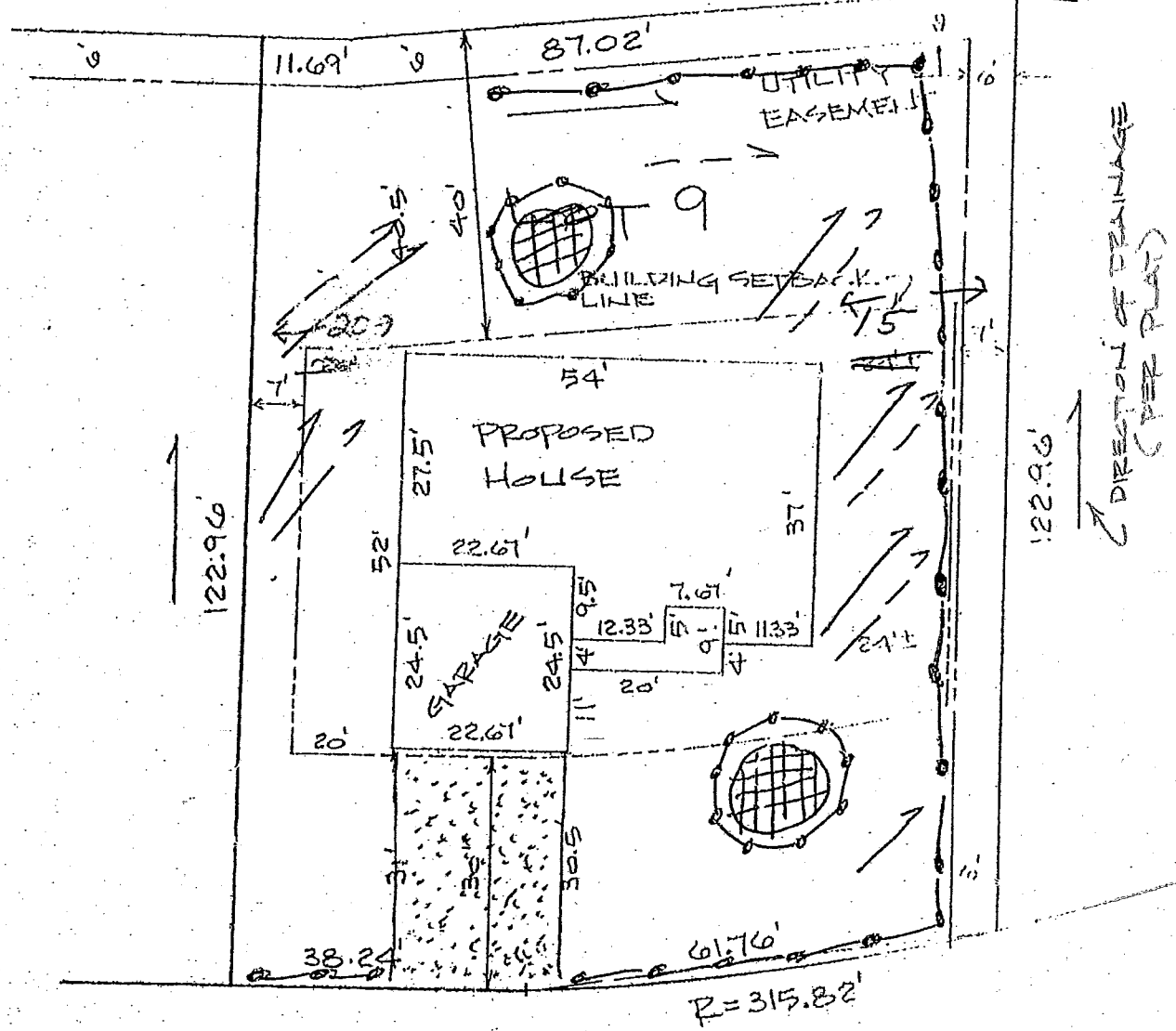
Facility Number: 1014444

EXHIBIT

A

PLOT P

**ZONING APPROVED**  
DATE 01-02-97  
BY [Signature]  
ZONING ADMINISTRATOR-MADISON, WISCONSIN



1109 MORRAINE VIEW DRIVE

SCALE 1"=20'

EXHIBIT  
B

DESCRIPTION

August 4, 2014

Department of Planning and Community & Economic Development  
Madison Municipal Building  
215 Martin Luther King Jr. Blvd, Suite LL 100  
Madison WI 53703

**CITY OF MADISON**

**AUG 5 2014**

**Planning & Community  
& Economic Development**

RE: Conditional Use Permit – Bright Beginnings Day School  
1109 Morrairie View, Madison, Wisconsin 53719

Dear Department:

We represent Sarah Tuttle and Bright Beginnings Day School (“BBDS”). Ms. Tuttle is the applicant for a conditional use permit to conduct a family daycare home at 1109 Morrairie View, Madison, Wisconsin 53719 (“Morrairie View”). Ms. Tuttle seeks a conditional use permit pursuant to a recent change in Madison’s zoning code relative to family daycares run out of homes located in zoned districts in which a single-family residence is a permitted use. We submitted an application on or around June 25, 2014, but wish to provide you additional information in advance of the August 11, 2014, public hearing. Thus, we submit this updated letter of intent.

Applicable Law

See Letter of Intent filed with the Department on June 25, 2014 for the applicable law.

About BBDS

See Letter of Intent filed with the Department on June 25, 2014 for information about BBDS.

The Department Should Grant BBDS A Conditional Use Permit

Ms. Tuttle is seeking a conditional use permit so BBDS can operate a family daycare home at Morrairie View.

Department of Planning and Community & Economic Development  
August 4, 2014  
Page 2

As set forth above, to operate a family daycare home at Morraine View, Ms. Tuttle, in addition to a conditional use permit, must attest that: (1) a “provider” will reside at the location; and (2) no more than two employees can work at BBDS’s Morraine View location that do not reside there. Ms. Tuttle meets the requirements.

First, a “provider” is currently living at the home because Sarah Hedrick is currently renting the home from Ms. Tuttle. A copy of Ms. Hedrik’s Residential Lease is attached as Tab A. Ms. Hedrik meets the requirements of a “provider” as that term is defined by Wis. Admin Code ch DCF 250.03(27). Indeed, a copy of relative documents showing that Ms. Hedrik is a “provider” is attached at Tab B.

Second, no more than two employees who do not reside at Morraine View will work there. Indeed, the only employees at any given time are the provider and one other BBDS employee.

The Department should grant Ms. Tuttle and BBDS a conditional use permit to operate a family daycare home at this location provided a “provider” resides at the home. A conditional use permit should be granted because, among other reasons:

1. The conditional use will not be detrimental to or endanger the public health, safety, or general welfare;
2. The conditional use will not prevent the City of Madison from providing municipal services to the property;
3. The conditional use will not substantially impair or diminish the use, value or enjoyment of other property in the neighborhood;
4. The conditional use will not impede the normal and orderly development and improvement of the surrounding property;
5. The conditional use will have no impact on utilities, access roads, drainage, parking supply, or internal circulation units; and
6. The conditional use will conform with the applicable zoning code and Wisconsin law with respect to family daycare homes.

# DeWitt

Ross & Stevens s.c. Law Firm

Department of Planning and Community & Economic Development

August 4, 2014

Page 3

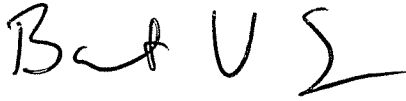
## Summary

BBDS is the type of small, woman-owned business that the City of Madison should encourage. BBDS is a fully licensed and accredited family daycare home that meets all the standards for granting a conditional use permit. Therefore, the conditional use permit should be granted.

Respectfully submitted,

Sincerely,

**DeWitt Ross & Stevens s.c.**



Barret V. Van Sicklen

BVV:vlo

Enclosures

cc: Bright Beginnings Day School (w/ enclosures)

WISCONSIN

DRIVER LICENSE  
REGULAR

USA  
WI



43 DL [REDACTED]  
1 HEDRICK  
2 SARAH A  
3 [REDACTED] MORRAINE VIEW DR  
MADISON, WI 53719

4a ISS 01/09/2013  
15 SEX F  
16 HGT 6'-03"  
17 WGT 300 lb  
18 EYES BLU  
19 HAIR BLD



DONOR  
STICKER  
HERE

9 CLASS D  
9a END NONE

5 DD OTHAF2013010917190903

*Sarah A. Hedrick*

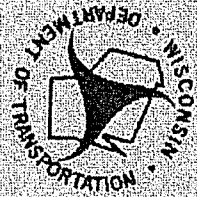


CDPU  
CENTRALIZED DOCUMENT PROCESS  
PO BOX 5234  
JANESVILLE WI 53547 5234

000893  
SARAH HEDRICK  
MORRAINE VIEW DR  
MADISON WI 53719 3019

ERB-SSB 53719

PRESORTED  
FIRST CLASS



**WISCONSIN**



0003431

HEDRICK SARAH A OR HEDRICK JOEY FRANKLIN  
MORRAINE VIEW DR  
MADISON, WI 53719-3019

MAILING LABEL ONLY

Amount: R

84963 110



DANE COUNTY  
CREDIT UNION

2160 Hampshire Road, Madison, WI 53713

SARAH HEDRICKS  
MONITORIAL VIEW OR  
MADISON WI 53713



**III. Early Childhood Related Work Experience (continued)**

15

b. Name - Employer		Address - (Street, City, State, Zip Code)	
Position Title		Telephone Number	
No. of Days Per Week Worked		Reason for Leaving	
c. Name - Employer		Address - (Street, City, State, Zip Code)	
Position Title		Telephone Number	
No. of Days Per Week Worked		Reason for Leaving	
Dates Employed (mm/dd/yyyy)		Dates Employed (mm/dd/yyyy)	

**IV. Affirmation**

Yes  No Have you had a child care license or certification revoked? If "Yes", provide the date of revocation and the name and address of the licensing or certification agency.

I attest that the above information is complete and accurate to the best of my knowledge.

*Sarah Hedrick*  
 SIGNATURE - Staff Person

8-4-14  
 Date Signed

**SECTION B - EMPLOYER (to be completed by licensee) Note: A completed BID form must be on file prior to the first day of employment.**

**I. Position Information at Hire**

Position Title At Hire \_\_\_\_\_ Date - Began Work (mm/dd/yyyy) \_\_\_\_\_

Yes  No Will this person provide care for infants and toddlers?

Yes  No Will this person transport children in care?

Yes  No Will this person be counted in staff-to-child ratios?

**II. Changes to Position Status (e.g., part-time to full-time, promotions, etc.)**

a. Change in Status / Position \_\_\_\_\_ Effective Date \_\_\_\_\_

b. Change in Status / Position \_\_\_\_\_ Effective Date \_\_\_\_\_

c. Change in Status / Position \_\_\_\_\_ Effective Date \_\_\_\_\_

d. Change in Status / Position \_\_\_\_\_ Effective Date \_\_\_\_\_



This driver record abstract was created on 07/13/2014 at 01:37:22 PM by Own Record Request. The information is current as of this date and time.

Driver ID	: [REDACTED]	Sex	: FEMALE	DOB	: [REDACTED]
Customer#	: 56384130095	LPC	: U.S. CITIZEN	Age	: 27
Hair	: BLOND	Eyes	: BLUE	Height	: 6'03
Weight	: 300	Org Donor	: N	Opt Out	: Y

SARAH A HEDRICK  
1109 MORRAINE VIEW DR  
MADISON, WI 53719 3019

Updated By : DMV  
Updated On : 01-09-2013  
County : DANE

Additional Customer Information  
01-09-2013 MOVED FROM ILLINOIS

Regular License

Product	: 91028130095
Issued	: 01-09-2013
Expires	: 03-31-2016
App Type	: ORIGINAL
Orgl Dt	: 01-09-2013
Class	: D
Status	: VAL

End of Record

# Certificate of Completion

IS HEREBY PRESENTED TO

**Sarah Hedrick**

## HEALTHCARE PROVIDER CERTIFICATION

**BLS: Adult CPR, Child CPR & Infant CPR  
Bloodborne Pathogens  
Cognitive A.E.D. Training**

**84212450-4899**  
Certification Number

**July 20, 2014 (July 2016)**  
Certification Date (Expiration Date)

**Regina Bennett**  
Instructor's Signature

LET IT BE KNOWN THAT THE ABOVE NAMED INDIVIDUAL HAS SUCCESSFULLY MET EVALUATION OBJECTIVES CONSISTENT WITH NATIONALLY RECOGNIZED ECC/COR/AHA COGNITIVE ASSESSMENT GUIDELINES FOR EMERGENCY CARE AND RESUSCITATION AND IN ACCORDANCE WITH NATIONAL HEALTH & SAFETY FOUNDATION AND CPT/DAY INC. STANDARDS AND CERTIFICATION TERMS & CONDITIONS.

**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant)  Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)  Other - Specify:

NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name - (First and Middle) <i>Sarah Ann</i>		Name - (Last) <i>Hedrick</i>		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) <i>teacher</i>	
Any Other Names By Which You Have Been Known (Including Maiden Name) <i>Sarah Ann Schutte</i>			Birth Date <i>[REDACTED]</i>	Gender (M / F) <i>F</i>	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown		Social Security Number(s) <i>[REDACTED]</i>	
Home Address <i>[REDACTED] Morraine View Dr</i>			City <i>Madison</i>	State <i>WI</i>	Zip Code <i>53719</i>
Business Name and Address - Employer or Care Provider (Entity) <i>Bright Beginning Day School</i>					

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION		YES	NO
1.	Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked. <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If Yes, explain, including when and where it happened.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(continued on next page)

SECTION A (continued)

YES NO

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?

> If Yes, explain, including when and where it happened.

YES  NO

6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?

> If Yes, explain, including when and where it happened.

YES  NO

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?

> If Yes, explain, including credential name, limitations or restrictions, and time period.

YES  NO

SECTION B - OTHER REQUIRED INFORMATION

YES NO

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?

> If Yes, explain, including when and where it happened.

YES  NO

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?

> If Yes, explain, including when and where it happened and the reason.

YES  NO

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?

> If yes, indicate the year of discharge: \_\_\_\_\_

> Attach a copy of your DD214 if you were discharged within the last 3 years.

YES  NO

4. Have you resided outside of Wisconsin in the last 3 years?

> If Yes, list each state and the dates you lived there.

Almost 3yrs moved from IL in July 2011

YES  NO

5. Have you had a caregiver background check done within the last 4 years?

> If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

Not Sure

Date - Nazereth Heath + Rehab - Oakwood Village - Bright Beginnings

YES  NO

6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?

> If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.

YES  NO

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

PRINT NAME - Required Individual

Sarah Hedrick

Date Submitted

8-4-14



Sarah

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education  
DCF-F (CFS-0054) (R. 02/2009)

STATE OF WISCONSIN

STAFF HEALTH REPORT - CHILD CARE PROVIDER

Use of form: This form is mandatory. When completed and on file, it meets the requirements of DCF 250.04(5)(e) and DCF 251.05(1)(L)1 of the Wisconsin Administrative Code. Failure to obtain a completed form for placement in the staff file may result in enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Sections B and C and return the completed form to the child care provider for placement in the staff file.

A. PROVIDER INFORMATION

Name - Child Care Provider (Last, First, MI)

Hedrick, Sarah, A

Position Title

Teacher

B. TUBERCULOSIS TEST - MANTOUX-Tuberculin Skin Test OR QuantiFERON Blood Assay for M. Tuberculosis

Date of Test (mm/dd/yyyy)

7/8/2014

Risk Classification

Low risk  Medium risk  Potential ongoing transmission

Millimeters of Induration

5mm  10 mm  15mm

Results of Test

Positive  Negative

If positive, what were the results of the follow-up medical evaluation?

Positive  Negative

Was a chest X-ray completed?

Yes  No

SIGNATURE - MD, PA or Health Check Provider

Name - Examining Health Professional (Type or Print)

Address - Health Professional Office (Street, City, State, Zip)

6165 Menard Point Madison, WI

Date Signed (mm/dd/yyyy)

07/10/2014

C. PHYSICAL EXAM

1. I certify, based upon my examination, that this person appears free of symptoms of illness or communicable disease that may be transmitted through normal contact.

2. I certify, based upon my examination, that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

3. Comments:

SIGNATURE - MD, PA or Health Check Provider

Name - Examining Health Professional (Type or Print)

Address - Health Professional Office (Street, City, State, Zip)

451 Junction Rd

Examination Date (mm/dd/yyyy)

7-24-14



Mantoux Tuberculin (TB) Skin Test - PPD

Employee Name: Sarah Hedrick

Department: Pharmacy

1<sup>st</sup> Step

2<sup>nd</sup> Step

Tuberculin administered R LEFT forearm:

Tuberculin administered LEFT forearm:

7/8/14 9:50 AM

Date Time

Administered by: D. Vogel

Administered by: \_\_\_\_\_

Tuberculin Skin Test Read on: 7/10/2014

Tuberculin Skin Test Read on: \_\_\_\_\_

Read by: D. Vogel RN

Read by: \_\_\_\_\_

Results: 0 mm

Results: \_\_\_\_\_

Negative: L

Negative: \_\_\_\_\_

Positive: \_\_\_\_\_

Positive: \_\_\_\_\_

(indicate mm duration below)

(indicate mm duration below)

If a test comes back positive, the Medical officer may be notified.

Instructions: Administer 0.1 cc of 5 Tuberculin units PPD intradermally. 48-72 hours after administration of test, examine and palpate the skin where the test was administered. Indicate "Negative" or "Positive" reaction. If "Positive", indicate the widest diameter of distinctly palpable induration, record in millimeters. Measure only the duration - NOT erythema.

PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES



CONTINUING EDUCATION RECORD - INDEPENDENT READING / VIDEO VIEWING

**Use of form:** Use of this form is voluntary. It is used to document each child care-related book, magazine, article, DVD or video tape pertaining to the population served by the facility that is read /viewed as part of an employee's continuing education (CE) effort. **Group Child Care Centers** - Independent reading and watching of educational materials may be counted for up to 5 hours of CE per year for each person required to have 25 hours of continuing education, and up to 2.5 hours of CE per year for each person required to have 15 hours of continuing education. **Family Child Care Centers and Group Foster Homes** - Up to 5 hours of Independent reading or watching educational materials may be used to meet annual CE requirements.

**Instructions:** The provider or employee must complete a separate form for each book / article read or video / DVD viewed. Place completed form(s) in the employee's file for the licensing specialist to review.

Name - Employee <i>Sarah Ann Hedrick</i>		Position Title <i>teacher</i>	Date - Form Completed (mm/dd/yyyy) <i>07/13/2014</i>
Book or Magazine Article			
Title - Book or Article		Name - Author	Number of Pages
Video			
Title - Video <i>www.ocfs.state.ny.us/main/prevention/tips.asp</i>		Name - Presenter <i>New York Loves Babies</i>	Video Length (Minutes) <i>30</i>

List two things you learned from your reading or viewing.

I have learned so much from this video, including the alarming number of deaths per year to SIBS (crib deaths). The number one thing I will always remember is "Back to Sleep." Some side effects to watch for in children with brain damage + shaken baby. But most and foremost, to always be paying attention to the children, anything not themselves, just always having a close eye on them, because it only takes a second to turn around and something can happen.

List two ways your viewing or reading has improved your facility and /or your ability to provide care to the population served by your facility.

The way this video will improve my ability is to always be aware of safety, my environment, and the children. The importance of playgrounds for proper age. The overall need and want to safety care for the children as I learned on a child, new developments in child care and to always be calm and relax when taking care of children, they cry to communicate, so listen!

**Staff Record - Child Care Centers**

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(5)(b) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Use of this form is voluntary for Group Child Care Centers and Day Camps; however, completion of this form will ensure compliance with DCF 251.04(5)(a) and DCF 252.41(3)(a). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**Instructions - Employee:** The staff person/employee shall complete and sign Section A of the form and attach any documentation including transcripts, certificates, credentials or shall be placed in the staff file. **Instructions - Employer:** The licensee shall complete the date of hire and position title in Section B. The completed form and any supporting documentation shall be placed in the staff file. Any changes to job position (promotions, demotions) should be recorded by the licensee in Section B when the change goes into effect.

**SECTION A - EMPLOYEE** (to be completed by staff person/employee)

**I. Contact Information**

Name - Staff Person: Sarah Ann Hedrick  
 Address - Staff Person (Street, City, State, Zip Code): 1109 Moraine View Dr, Madison WI 53719  
 Emergency Contact Name: Montina Pruitt  
 Address: 1109 Moraine View Dr, Madison WI 53719  
 Telephone Number: 608-208-XXXX

**II. Education**

Yes  No High school diploma If "Yes", date received: MAY 2005  
 Yes  No GED If "Yes", date received: \_\_\_\_\_  
 Entry Level Qualifications (attach additional pages if necessary)  
 Name - Post High School, College, University, Technical College: Carl Sandburg College  
 Dates Attended: 2010-2011?  
 Major: CNA  
 Degree, Diploma, Credential: Certificate

**Additional Early Childhood Training (attach additional pages if necessary)**

Course Titles	Name - Sponsor / Trainer	Date - Course Completed	Number of Hours
a			
b			
c			

**III. Early Childhood Related Work Experience (List most recent employer first)**

Name - Employer	Address - (Street, City, State, Zip Code)	Telephone Number

Position Title	Reason for Leaving	Dates Employed (mm/dd/yyyy)