

Date Correction Plan Due
3/6/2026

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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 Hearts And Hands Christian Prschl		Provider Number / Facility ID Number 5000577985 / 002 - 1009658	
Address - Facility (Street, City, State, Zip Code) 815 S Concord Rd Oconomowoc WI 53066		Telephone Number 262-567-4461	Date - Regulation Visit 2/19/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Staff D did not have documentation of emergency contacts on file.	Emergency contacts are now in file	2/23/26
2	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff B and C did not have documentation on file of the required hours of continuing education completed in 2025.	Staff B + C will complete the necessary continuing education hours.	3/31/26

NAME - Agency Worker
Cindy Matuszak

Date Issued
2/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Cindy Matuszak

2/23/26