

Date Correction Plan Due 3/31/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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		Provider Number / Facility ID Number		
Happy Hearts Childcare		7000588907 / 001 - 2002839		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
440 Elizabeth St Mishicot WI 542286001		920-905-2461	3/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(gm) Insurance Information To Parents Description: The provider did not have insurance for her 2 cats that were accessible to the children.	I did have insurance, but nothing in writing.	3/12/25	
2	250.04(3)(c) Report - Construction, Remodeling Description: The provider did not notify the department about a remodeling project in the basement and adding a bedroom before the construction began.	Will notify the department for all future projects.	It is complete. 3/12/25	

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3 250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement Description: The 4 school age children did not have the alternate release forms filled out and in their file - see checklist.	The two after school families have signed forms & they are filled	3/18/25	
4 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: 3 children did not have a current (once every 6 months) physical in their file - see checklist.	Gave families new forms to get filled out. All have returned.	3/31/25	
5 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: 2 children did not have a current (once every 2 years) physical in their file - see checklist. Repeat violation: Previously cited on 4/21/2023	Gave families new forms to get filled out. All	3/31/25	
6 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The provider did not have a current child abuse and neglect training in her file.	Took online training to complete the course	Completed: 3/18/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: The provider did not document 15 hours of continuing Education for the 2024 year.	Hours for 2024 will get documented	3/31/25
8	250.07(7)(a) Pets & Animals - Health & Immunization Description: The provider could not produce the current rabies certificates for the 2 cats on premise.	I didn't have papers on hand & needed to get them from the vet in which I have done.	Completed: 3/18/25
9	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: 3 intakes were not current - see checklist.	New intakes were filled out, signed, & filed.	Completed: 3/18/25

NAME - Agency Worker
Jill Kellner

Date Issued
3/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Megan Storch

Date Signed

3/18/2025