

Date Correction Plan Due 12/19/2025	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 Happy Hearts Childcare		Provider Number / Facility ID Number 7000588907 / 001 - 2002839		
Address - Facility (Street, City, State, Zip Code) 440 Elizabeth St Mishicot WI 542286001		Telephone Number 920-905-2461	Date - Regulation Visit 12/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: The facility could not show evidence that the children were being signed in and out of care, Repeat violation: Previously cited on 8/27/2025	All the dates and times of each child has been entered into a form for attendance.	12/06/2025	
2	250.05(2)(c) Staff File - Days, Hours Worked Description: The provider was not signing in and out of care when she was providing care to children. Repeat violation: Previously cited on 8/27/2025	Staff in and out times have been entered onto the attendance forms.	12/06/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Jill Kellner

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1/26/2026