

<b>Date Correction Plan Due</b> 9/26/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
--	--	---

**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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> Heart Hands And Mind Inc		<b>Provider Number / Facility ID Number</b> 9000581679 / 001 - 1011130		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1425 N Acres Rd Prescott WI 54021		<b>Telephone Number</b> 715-262-5444	<b>Date - Regulation Visit</b> 7/11/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1 251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff B was missing a report on a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired. The physical examination report may be a printout of an electronic record from a medical professional or on a form provided by the department. The report shall be signed and dated by a licensed physician, physician's assistant, or other EPSDT provider. The report shall indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.	Employee has turned in Health Report	7-17-24		

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Heart Hands And Mind Inc		9000581679 / 001 - 1011130		
Address - Facility (Street, City, State, Zip Code) 1425 N Acres Rd Prescott WI 54021		Telephone Number 715-262-5444	Date - Regulation Visit 7/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b></p> <p>Description: Documentation of Staff A obtaining and maintaining a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) including Department-approved training in the use of an automatic external defibrillator (AED) within 3 months of beginning to work with children was not available for review.</p>	Employee has completed the required CPR training	7-30-24	
3	<p>251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: There was not documentation of Staff D having received training within one week after beginning work at the center and at least every 2 years thereafter, on child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.</p>	Employee has completed the WI. Mandated Reporter training	8-6-24	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Heart Hands And Mind Inc		9000581679 / 001 - 1011130		
Address - Facility (Street, City, State, Zip Code) 1425 N Acres Rd Prescott WI 54021		Telephone Number 715-262-5444	Date - Regulation Visit 7/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	<p>251.06(11)(b)5. <b>Outdoor Play Space - Energy-Absorbing Surfaces</b></p> <p>Description: There was not sufficient energy-absorbing surfacing under the large climbing structure and in a fall zone of four feet beyond the equipment. An energy-absorbing surface, such as loose sand, pea gravel, or pine or bark mulch, in a depth of at least nine inches is required under climbing equipment, swings, and slides whenever the play equipment is 4 feet or more in height and in a fall zone of four feet beyond the equipment. Shredded rubber and poured surfacing shall be installed to the manufacturer's specifications based on the height of the equipment.</p>	<p>One load of wood chips was brought in day of visit + additional wood chips added over the weekend.</p>	7-15-24	
5	<p>251.06(2)(n) <b>Garbage Containers - Construction &amp; Disposal Schedule</b></p> <p>Description: Garbage cans containing food garbage in multiple classrooms were missing a cover. Garbage containers in the building shall be rigid, covered, watertight, and emptied daily or more often as needed.</p>	<p>New garbage cans were ordered.</p>	7-18-24	

Name - Certified Operator / Licensed Center Heart Hands And Mind Inc		Provider Number / Facility ID Number 9000581679 / 001 - 1011130	
Address - Facility (Street, City, State, Zip Code) 1425 N Acres Rd Prescott WI 54021		Telephone Number 715-262-5444	Date - Regulation Visit 7/11/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
6	<p>251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b></p> <p>Description: Some medications on the premises were missing a current Authorization to Administer Medication form or other written administration authorization from the child's parent. No medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent.</p> <p>Repeat violation: Previously cited on 3/31/2023</p>	<p>Med boxes / authorizations will be checked on a weekly basis so medication can be sent home.</p>	<p>immediately</p>

NAME - Agency Worker  
April Callihan

Date Issued  
9/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Ammy Dore*

10-24-24