Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/13/2026		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)(i) and (3)(c), 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
Heart Hands And Mind Inc	9000581679 / 001 - 1011130

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1425 N Acres Rd Prescott WI 54021	715-262-5444	2/23/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child # 1 was the name, address, telephone number and relationship of an emergency contact person.	Parent was given the paperwork that needed to be completed.	3-23-26	
2	251.04(6)(a)6. **Child Record - Health History** Description: A Health History and Emergency Care Plan form could not be located for Child # 1 and is required to be completed prior to the children's first day of attendance.	Parent was given the paperwork that needed to be completed.	3-23-26	

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3	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: An initial health exam could not be located for Child #1. Documentation of Child #5 having received a health examination within the past two years could not be located. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 2 years thereafter.	Parent was given the paperwork that needed to be completed.	3-23-26	
4	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: A certificate from the Wisconsin Registry documenting that Staff C has met the educational qualifications for the position of teacher was not available for review and the staff has worked as a teacher since February 2024.	Staff C has applied for a Registry certif.	2-27-26	
5	251.09(3)(b) **Infant & Toddler - Heating Formula, Milk & Food In Microwave** Description: Procedures for heating infant formula, milk, and food were not posted in the Infant Rooms.	instructions posted by microwave	2-23-26	

NAME - Agency Worker
April Callihan

Date Issued
2/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tammy Dale

Date Signed
7-13-26