Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/1/2021		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)(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
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	6/16/2021

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: On 6/16/21, the enrollment form for child #3 was observed to have missing information.	Child care enrollment was found in the Child file box		
2	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: on 6/16/21, A current Health/Physical Exam Report was not observed in the file for Child # 6.	Child is no longer enrolled.	—	

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3	251.04(8)(b) **Biennial Training - Child Abuse & Neglect** Description: On 6/16/21, a current certificate of completion of the biennial training in child abuse & neglect laws, identification, and reporting procedures within the past 24 months was not observed for employee A and C.	Employee A + C will both complete the Abuse + Neglect.	1-7-22	
4	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: On 6/16/21, a health examination to be reported on a form provided by the department, 12 months prior or within 30 days after beginning work at the center was not observed on file for employee C, indicating the person is physically able to work with young children and free from illness detrimental to children including tuberculosis. Repeat violation: Previously cited on 11/21/2019	Employee C will schedule an appointment.	1-31-22	
5	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: On 6/16/21, a current certificate of completion for infant and child cardiopulmonary resuscitation including training in the use of an automated external defibrillator was not on file for employee A.	Employee A renewed her CPR	6-30-21	

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6	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: On 6/16/17, documentation of having completed an orientation within the first week at the center was not observed on file for employee C. Repeat violation: Previously cited on 11/21/2019	Administrator will develop a kitchen orientation.	12-31-21	

NAME - Certification Worker / Licensing Specialist
Sarah Yang

Date Issued
6/17/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tammy Moe Administrator

Date Signed
12-30-21