Date Correction Plan Due 1/6/2022

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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 postice of the sanction and / or penalty and your appeal rights.

THE RESERVE	e of the sanction and / or penalty and your appeal rights.  ne - Certified Operator / Licensed Center	Provi	der Number / Facility ID Num	nber
Hea	art Hands And Mind Inc	81679 / 001 - 1011130		
	Rule/Statute Number Noncompliance Statement  251.04(6)(a)5. Child Record - Alternate Arrival / Release Agreement  Description: On 12/14/21, a written agreement, signed by the parent, outlining the plan for a child to come to the center from school, home or other activities and to go from the center to school, home or other activities was not observed on file for school age child #6.	Telephone Number 715-262-5444  Correction Plan  Alternate Arrival  Pelease Agreement  was filled out and  signed by the parent.	Expected Completion Date  Expected Completion Date  Expected Completion Date  Date Completion Date	Verification Date
2	251.04(8)(b)  Biennial Training - Child Abuse & Neglect  Description: On 12/14/21, 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, B, and C.  Repeat violation: Previously cited on 6/16/2021	Emphoyee A + C Abuse + Mageet was in cont.ed folder  Emphasee B will need to complete Abuse + Megeet training	emouled on 12-17-2021	

	e - Certified Operator / Licensed Center		der Number / Facility ID Nu	mber
Heart Hands And Mind Inc  Address - Facility (Street, City, State, Zip Code)  1425 N Acres Rd Prescott WI 54021		715-262-5444	581679 / 001 - 1011130  Date - Regulation Visit 12/14/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a.  Staff Record - Physical Examination  Description: on 12/14/21, a physical examination to be reported on a form provided by the Department, completed 12 months prior or within 30 days after beginning work at the center was not observed on file for employee B, indicating she is free from illness detrimental to child including tuberculosis and physically able to work with young children.  Repeat violation: Previously cited on 6/16/2021	Employee B mill complete a staff Health Report	1-31-2022	
4	251.05(3)(b)  Shaken Baby Syndrome Prevention Training  Description: On 12/14/21, Documentation of completion of Shaken Baby Syndrome/ Abusive Head Trauma Prevention training was not observed On file for employee B. A department approved training in Shaken Baby Syndrome and Abusive Head Trauma Training Prevention is required to be completed prior working with children under age 5.	Employee B will complete Abusive Head Trouma	1-10-2022	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training  Description: On 12/14/21, 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 B.  Repeat violation: Previously cited on 6/16/2021	Employel B will complete a CPR training	1-14-2022	

Nan	ne - Certified Operator / Licensed Center	Provid	ler Number / Facility ID Nun	nber
Heart Hands And Mind Inc 9000581679				
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	251.055(1)(b) Supervision - Teacher Per Group Of Children  Description: On 12/14/21, an infant classroom did not have a teacher qualified staff to supervise a group of children.	Attention will be given to who takes breaks in order to ensure qualified teachers are in the classroom.	1-3-2022	
7	251.055(2)(b)  Staff-To-Child Ratios - Minimum  Description: On 12/14/21, the minimum ratio of child care worker to children was not maintained in the two infant classrooms. There were two groups of 6 infants to one child care worker. Licensing rule states in pertinent part that the ratio of child care workers to children may not be less than the minimum number of child care workers to children in Table 251.055.	When possible a breaker will be scheduled in the infant room to help with teacher breaks. On Admin. will step in to help.	1-3-2022	
8	251.06(4)(f) Electrical Outlet Limit  Description: On 12/14/21, an electrical outlet accessible to children was observed to be unprotected in the 2 1/2-3 years old classroom.	All outlets were checked and the unprotected outlet was covered.	12-30-2021	

Name - Certified Operator / Licensed Center Provider		r Number / Facility ID Number			
Hea	art Hands And Mind Inc	90005	9000581679 / 001 - 1011130		
Address - Facility (Street, City, State, Zip Code)  1425 N Acres Rd Prescott WI 54021		Telephone Number         Date - Re           715-262-5444         12/14/20		gulation Visit 21	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
9	251.09(1)(j) Infant & Toddler - Crib Mattresses & Coverings  Description: On 12/14/21, pack-n-plays were observed to not have tight fitting mattresses and coverings in the infant classroom closest to the parking lot.	New sheet ordered for all pack-n-plays in the rinfant classroom.	1-3- <i>aa</i>		

NAME - Certification Worker / Licensing Specialist Sarah Yang

Date Issued 12/23/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

mmy Mrs. - Administrator

1-5-00