

<b>Date Correction Plan Due</b> 9/27/2024	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Hearts And Minds Childcare Llc		3000587623 / 003 - 2004248		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
8980 N 85Th St Milwaukee WI 532242104		414-263-8943	9/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A did not have documentation of a health exam on file.  Repeat violation: Previously cited on 3/5/2024	<i>completed and filed</i>	<i>9/14/24</i>	
2	251.06(3)(a) <b>Emergencies - Written Plans</b>  Description: The center did not have documentation fire or tornado drills were conducted in August 2024.	<i>drills were conducted but were not documented on the sheet. documentation completed.</i>	<i>9/13/24</i>	

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3	<p>251.06(9)(a)2. <b>Kitchen Equipment &amp; Utensils - Safe &amp; Sanitary</b></p> <p>Description: The warming table in the kitchen was dirty with dried food visible on it. Dried noodles were from food served the day prior to the visit.</p> <p>Repeat violation: Previously cited on 3/5/2024</p>	<p><i>cleaning completed.</i></p> <p><i>A schedule is put in place to avoid this happening again</i></p>	<p><i>9/15/24</i></p>	
4	<p>251.07(5)(a)5.a. <b>Menus - Post</b></p> <p>Description: The posted menu was from August 2024.</p>	<p><i>Menu posted during the visit</i></p>	<p><i>9/13/24</i></p>	
5	<p>251.08(3)(c) <b>Information In Vehicle - Route And Stops</b></p> <p>Description: The center did not have the transportation route for the afternoon trips maintained in the vehicle used for transportation.</p>	<p><i>PM route list posted on the bus</i></p>	<p><i>9/16/24</i></p>	
6	<p>251.08(4)(b) <b>Driver Orientation - Requirement</b></p> <p>Description: Staff B's driver orientation was expired.</p> <p>Repeat violation: Previously cited on 4/3/2023</p>	<p><i>completed.</i></p>	<p><i>9/16/24</i></p>	

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7	251.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b>  Description: Staff B's driving record was expired.  Repeat violation: Previously cited on 4/3/2023	<i>record obtained &amp; reviewed</i>	<i>9/16/24</i>

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
9/13/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*[Handwritten Signature]*

**Date Signed**

*9/25/24*