

Date Correction Plan Due 8/13/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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.

Name - Certified Operator / Licensed Center No Place Like Home		Provider Number / Facility ID Number 2000584842 / 001 - 1014474		
Address - Facility (Street, City, State, Zip Code) 1214 W Main St Princeton WI 549689245		Telephone Number 920-295-2798	Date - Regulation Visit 7/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Based upon review on July 29, 2024, Child #4 of the Child Record Checklist did not have documentation of immunization history on file within 30 days of the child's first day of attendance.	Parent has brought in childs immunization records	08/05/2024	
2	250.09(1)(c)3. Infant & Toddler - Bedding Description: Based upon observation on July 29, 2024, a 4-month-old child was covered with a blanket, which was near their face, while they slept in a swing.	We have switched to a sleep sack for this child	07/30/2024	

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1214 W Main St Princeton WI 549689245		920-295-2798	7/29/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.09(2)(c) Infant & Toddler - Sleep Position Description: Based upon observation on July 29, 2024, a 4-month-old child was asleep in a swing.	We are transitioning child to a pack n play when they fall asleep in the swing	07/30/2024

NAME - Agency Worker
Jamie Brandt

Date Issued
7/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Magdalene Naparala

Date Signed

08/20/2024