

Date Correction Plan Due 9/10/2025	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 8/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(f) Staff File - Continuing Education Description: Both providers did not have 15 hours of continuing education completed for 2024.	PROVIDERS ARE WORKING ON THEIR CONTINUING EDUCATION FOR 2024 & 2025	12/31/2025	
2	250.06(2)(a) Electrical Or Hot Surface Protection Description: The electrical outlets in the living room were not all plugged.	OUTLETS HAVE BEEN COVERED	08/11/2025	

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3	250.06(2)(m) Premises - Condition & Repair Description: The kitchen area hall has chipping and peeling paint on the wall.	WALL WILL BE REPAINTED/FIXED	10/01/2025
4	250.06(2)(n)5. Radon - Continuous Testing Description: The radon test expired on August 7, 2025. The test was conducted after the August 11, 2025, visit and we are waiting on the results to be submitted.	RADON TEST COMPLETED RECIEVED RESULTS ON 08/27/25	08/27/2025

NAME - Agency Worker
Erin Mancoske-Anderson

Date Issued
8/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lynn Naparala

Date Signed
09/01/2025