

<b>Date Correction Plan Due</b> 1/2/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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> A Home Away From Home Daycare		<b>Provider Number / Facility ID Number</b> 4000 68654 / 001 - 1007266	
<b>Address - Facility (Street, City, State, Zip Code)</b> N6386 Raven Rd Pardeeville WI 53954		<b>Telephone Number</b> 608-514-4061	<b>Date - Regulation Visit</b> 12/4/2024
#	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.05(2)(d)1. <b>Staff File - Physical Examination - Form</b>  Description: The center was not in compliance when no record of a Staff Physical Examination could be found on file.	Due to a fire my personal file was lost. I have contacted my doctor to get a physical exam form for my file.	1-10-2025
2	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: The center was not in compliance when a current cardiopulmonary resuscitation certification was not maintained.	I will set an alarm notification on my phone and daycare computer for a reminder to do the CPR class before the certification expires.	1-10-2025
* I have signed up for the class online 1-3-25 *			
<b>Name - Certified Operator / Licensed Center</b> A Home Away From Home Daycare		<b>Provider Number / Facility ID Number</b> 4000 68654 / 001 - 1007266	
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NAME - Agency Worker  
Robert McCoy

Date Issued  
12/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: The center was not in compliance when there was no record of biennial child abuse and neglect training found on site.	I will set an alarm/notification on my phone and daycare computer to remind me to do the training. I have signed up to do the necessary training.	1-10-25	

*Audrey Kerkow*

1-3-2025