

Date Correction Plan Due
6/18/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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)(j) 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
Almost Home Academy ll

Provider Number / Facility ID Number
7000577017 / 002 - 1015169

Address - Facility (Street, City, State, Zip Code)
1401 N Main St Racine WI 53402

Telephone Number
262-456-0000

Date - Regulation Visit
6/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: Documentation of complete health history information was not observed for 2 children.	Parent will complete form and all files will be reviewed for any missing information.	6/7/24	
2 251.04(7) Confidentiality - Compliance With Statutes & Rules Description: Documentation of allergy/ medical information for children was posted and visible in a classroom. *Corrected at the time of the visit.	Allergy list will be move to inside of a cabinet and/or a cover that says Allergy list will cover it	6/3/24	

Name - Certified Operator / Licensed Center
Almost Home Academy II

Provider Number / Facility ID Number
7000577017 / 002 - 1015169

Address - Facility (Street, City, State, Zip Code)
1401 N Main St Racine WI 53402


Telephone Number
262-456-0000

Date - Regulation Visit
6/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: A refrigerator was not equipped with a thermometer. *Corrected at the time of the visit.	New thermometer was put into refrigerator	6/3/24	
4 251.09(3)(a)11. Infant & Toddler - Care During Feeding Description: Two seats did not have safety straps	Straps were put back onto chairs, they were off for cleaning	6/4/24	

NAME - Agency Worker
Colleen Hanser

Date Issued
6/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
6/4/24