

<b>Date Correction Plan Due</b> 4/25/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Almost Home Academy II		7000577017 / 002 - 1015169	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1401 N Main St Racine WI 53402		<b>Telephone Number</b> 262-456-0000	<b>Date - Regulation Visit</b> 3/27/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Documentation of completed abusive head trauma training was not observed for a driver.	Training will be completed by driver during next training offered.	4/11/2025	
2 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: An authorization for cough and cold medication that exceed the length of time specified on the medication bottle was observed.	The medication was given back to the parent at pick up time.	3/27/2025	

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1401 N Main St Racine WI 53402		262-456-0000	3/27/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	<p>251.07(6)(f)1.b.  <b>Medication Administration - Containers &amp; Labeling</b>            Description: A medication bottle was not labeled with a child's name.</p>	<p>The medication was in a zip-loc bag with the child's name in the bag. A piece of tape was placed on the container with the child's name on it so it won't wipe off.</p>	3/27/2025	
4	<p>251.08(4)(c)1.  <b>Driver Record - Obtain &amp; Review</b>            Description: Documentation of a current driving record was not observed for a driver.</p>	<p>The driving record was a few days late, but it was done immediately and placed in the drivers file.</p>	3/27/2025	

**NAME - Agency Worker**  
 Colleen Hanser, Mary Schultek

**DATE ISSUED**  
 4/11/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
 [Signature]

**DATE SIGNED**  
 4/15/2025