

Date Correction Plan Due 2/23/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 715-930-1148
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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 Linda's Home Away From Home		Provider Number / Facility ID Number 7000566937 / 002 - 1009381	
Address - Facility (Street, City, State, Zip Code) 23 N Shore Dr New Richmond WI 54017		Telephone Number 715-246-2086	Date - Regulation Visit 12/3/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A did not have an updated CPR certificate on file.	Staff A completed and submitted their CPR/First Aid. It has been placed in the file of Staff A and submitted to the State rep.	December 3, 2024	
251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff B did not have documentation that he completed the biennial child abuse and neglect training.	Staff B was issued a certificate of completion for their Mandated Reporting. The certificate has been placed in file of Staff B and sent to State rep.	December 3, 2024	

ame - Certified Operator / Licensed Center

Provider Number / Facility ID Number

onda's Home Away From Home

7000566937 / 002 - 1009381

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

23 N Shore Dr New Richmond WI 54017

715-246-2086

12/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>251.055(2)(d) <b>Mixed Age Group With Children Under Age 2 - Group Size</b></p> <p>Description: There was 1 infant under the age of 1 and 12 children over the age of 2 in the same classroom.</p>	<p>We will hire a part-time employee to full-time status.</p> <p>A stable wall of some sort will be put up to segregate the rooms we already have in the center.</p>	<p>January 31, 2025</p>	
<p>251.09(1)(L) <b>Infant &amp; Toddler - Soft Materials In Cribs</b></p> <p>Description: There was a blanket inside a crib while an infant under the age of 1 was napping.</p>	<p>The blanket has been removed</p>	<p>On December 3, 2024</p>	

ME - Agency Worker

nnie Davis

Date Issued

12/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Sonda Beerbrauer*

Date Signed

12/16/2024