

Date Correction Plan Due  
7/18/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

**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)(d) and (3)(d), DCF 251.04(2)(L) and (3)(L), DCF 252.41(1)(b) and (2)(b). 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

Just Like Home

2000571052 / 003

Address - Facility (Street, City, State, Zip Code)  
1200 Howard St Racine WI 534042816

Telephone Number  
282-994-4966

Date - Regulation Visit  
7/2/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
<p>1. 202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: children 1 &amp; 2 have incomplete enrollment and health history forms (page 3).</p>	<p>Parent has signed the last page of the enrollment and health history forms.</p>	<p>07/31/25</p>	

**RECEIVED**  
JUL 07 2025  
BY: [Signature]

Name - Certified Operator / Licensed Center Just Like Home		Provider Number / Facility ID Number 2000571052 / 003	
Address - Facility (Street, City, State, Zip Code) 1200 Howard St Racine WI 534042816		Telephone Number 262-994-1995	Date - Regulation Visit 7/2/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.  Description: Gasoline container and grill in reach of children outside of the back door in backyard (2nd exit).	Grill has been moved. gas can is no longer Here also is removed	07-3-25	

**RECEIVED**  
JUL 07 2025  
BY: *[Signature]*

NAME - Agency Worker  
Tasha King, Yovanna Vazquez

Date Issued  
7/2/2025

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

Date Signed  
7-4-25

FF-CF802-4-E (R.00/2011)