

Date Correction Plan Due  
9/9/2025

## 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)(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** Home Is Where The Heart Is Mke  
**Provider Number / Facility ID Number** 7000591587 / 001 - 2006786

**Address - Facility (Street, City, State, Zip Code)** 4241 N 13Th St Milwaukee WI 532096936  
**Telephone Number** 414-587-8655  
**Date - Regulation Visit** 8/20/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Staff B did not have a current Child Abuse and Neglect training on file.	Checking updated requirements for staff	8/21/25  (9/9/25)	
2	250.06(2)(m) <b>Premises - Condition &amp; Repair</b>  Description: The outlet in the living room was not installed correctly.	Double checking everything when doing my walk-through having maybe staff walk behind me as double check	(9/9/25)	

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Rule/Statute Number Noncompliance Statement	Telephone Number 414-587-8655	Date - Regulation Visit 8/20/2025	
		Expected Completion Date	Verification Date
3 250.06(4)(a)1. <b>Smoke Detectors</b>  Description: The smoke detector was not in working order. The detector was chirping.		8/26/25	
4 250.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b>  Description: Staff A did not have a current driving record on file.	Making sure staff / ml self know that when smoke detector is chirping it needs to be replace (battery)  paying closer attention to five (transportation) even if its not being used	(9/9/25)  8/24/25  (9/9/25)	

NAME - Agency Worker  
Joel Marquez, Laura Taylor

Date Issued  
8/26/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed  
9/8/25