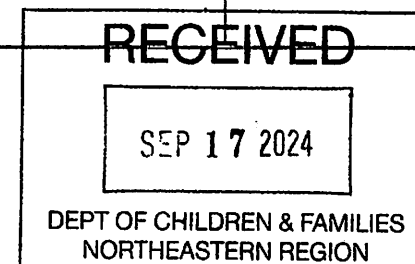


Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline 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 Almost Home Childcare		Provider Number / Facility ID Number 9000590089 / 001 - 1008020		
Address - Facility (Street, City, State, Zip Code) 628 Cabrini Cir West Bend WI 530954623		Telephone Number 262-623-4471	Date - Regulation Visit 9/10/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Based upon record review, the staff file did not have a current CPR certificate on file.	I am enrolled as of 9/12/24 in a Adult / Child / Baby First Aid / CPR AED class and will complete by 9/16/24	9/16/24	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Based upon record review, the staff file did not have a current biennial training certificate for Child Abuse and Neglect.	I completed the Mandated Reporter Online Training on 9/12/24	9/12/24	



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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.06(2)(k) Deteriorating Or Toxic Paint Description: Based upon observation, the paint in the playroom area was deteriorated on the east wall next to the playhouse.	My husband has been in the process of painting the daycare and is 3/4 done. The wall with the chip is the last wall.	10/6/24

NAME - Agency Worker
Amanda Holz

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Misty Chappelle

Date Signed

09/12/24