

Date Correction Plan Due
9/11/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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
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Address - Facility (Street, City, State, Zip Code) 628 Cabrini Cir West Bend WI 530954623	Telephone Number 262-623-4471	Date - Regulation Visit 8/27/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Based upon record review a child enrolled in care did not have a Child Health Report form within their file on premise.	Have parent fill out form and get signed by doctor.	9/2/25	
2	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Based upon record review there was no documentation of the 15 hours of required continuing education for the 2024 year.	Take extra classes this year for more hours	12/22/25	

NAME - Agency Worker
Amanda Holz

Date Issued
8/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

9/1/25