Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/24/2026		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	Provider Number / Facility ID Number
Almost Home Childcare	9000590089 / 001 - 1008020

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
628 Cabrini Cir West Bend WI 530954623	262-623-4471	8/5/2026

	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 on records review, the the program did not have a current health exam on file for Child #1. Repeat violation: Previously cited on 8/27/2025	The parents had the form filled out & was brought in.	8/10/26	
2	250.05(2)(f) **Staff File - Continuing Education** Description: Based on records review, the provider was missing 5 hours of continuing education for the 2025 training year.	I lost my sister 2025 so I didn't keep up - but will finish the 5 hours by 8/18	8/18/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(n)5. **Radon - Continuous Testing** Description: Based on records review, the provider's Radon test results expired on 03/01/2026.	We had a Radon detector installed- results were given 8/10/26		
4	250.09(1)(c)1. **Infant & Toddler - Information For Providing Individualized Care** Description: Based on records review, the program did not have an intake form for children under two years of age for child #2.	The parent will have paperwork done by 8/12/26		

NAME - Agency Worker
Gloribel Tegen

Date Issued
8/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Misty Chappelle

Date Signed
8/10/26