

Date Correction Plan Due 10/24/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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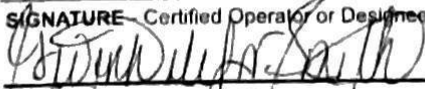
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) 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		Provider Number / Facility ID Number	
Fundamentals Of Lrng Daycare Llc		9000590449 / 001 - 2005492	
Address - Facility (Street, City, State, Zip Code) 8028 W Capitol Dr Milwaukee WI 532221918		Telephone Number 414-935-2995	Date - Regulation Visit 10/6/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(2)(h)9. Policy Submitted & Implemented - Emergency Plans Description: The center did not adhere to their policy regarding emergencies when a child sustained a medical emergency on 9/22/25.	<i>I now have it posted to remind staff & default the correct steps in case of a medical emergency</i>	<i>12/11/25</i>	
2 251.04(3)(a) Report - Incident Or Accident Description: A child sustained an injury on 9/22/25 which resulted in professional medical evaluation. This was not reported to the department.	<i>I apologize for not contacting sooner due to my caring for the child and contacting the child's parents but finally</i>	<i>12/11/25</i>	

Responding to licensee and reporting the incident.

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3	251.04(6)(b) Current, Accurate Daily Attendance Record Description: A child sustained an injury while in care on 9/22/25, a review of attendance records revealed the child was not signed in or out that day. Repeat violation: Previously cited on 2/17/2025, 11/4/2024, 6/21/2024	Follow up with staff about importance of making all children are correctly signed in/out accordingly	12/11/25

NAME - Agency Worker Katrina Taranlino, Sharece Devougas	Date Issued 10/10/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed December 11, 2025