

Date Correction Plan Due
1/2/2026

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)(f) 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
Kids Fantasies
Provider Number / Facility ID Number
8000590898 / 001 - 2006037

Address - Facility (Street, City, State, Zip Code)
4866 N 41st St Milwaukee WI 532095208
Telephone Number
414-364-5589
Date - Regulation Visit
12/16/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff B did not have a Staff Health Report available for review at the time of the monitoring visit.	STAFF B HEALTH SUMMARY WAS SUBMITTED TO LICENSOR ON 12/16/25 BEFORE 3PM. LICENSOR VERIFIED DOCUMENT NEED STAFF HEALTH REPORT FORM CAN USE HEALTH SUMMARY	12/16/25	12/16/25
2 250.05(3)(e)2 Provider Training - Current Cpr Certificate Description: Staff A did not have a current CPR training available for review at the time of the monitoring visit.	STAFF A HAS AN UPCOMING TRAINING JANUARY 2026	01/10/2026	

Name - Certified Operator / Licensed Center
Kids Fancies

Provider Number / Facility ID Number
8000590898 / 001 - 2006037

Address - Facility (Street, City, State, Zip Code)
4856 N 41st St Milwaukee WI 532095208

Telephone Number
414-364-5589

Date - Regulation Visit
12/18/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(fm) Biennial Training - Child Abuse & Neglect	Description: Staff A did not have a current CAN/Mandated Reporter training available for review at the time of the monitoring visit.	Provider was under the impression by licensor to show can by 3pm 12/16/25 to avoid being CHED. Staff A completed training.	12/16/2025	12/16/2025

NAME - Agency Worker
Mindl Sabljak, Rhonda Bruuggemann

Date Issued
12/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DOF-F-0750294-E (8/2011)

Date Signed
12/18/2025