

Date Correction Plan Due  
9/5/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
**608 271 9181**

**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  
Nanis Smile  
Provider Number / Facility ID Number  
2000586952 / 001

Address - Facility (Street, City, State, Zip Code)  
6702 East Pass Rd Madison WI 53719  
Telephone Number  
608-335-8709  
Date - Regulation Visit  
8/20/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1m)(a)4. A Certified Child Care Operator Shall Comply With All Laws Governing The Certified Child Care Program And Its Operation, Including S. 48.686, Stats., And Ch. DCF 13 And Ensure That All Employees And Volunteers Comply With These Laws.  Description: Fingerprints not completed for the following individuals: Individual 001, Individual 002, Individual 003	<i>Chegar los expediente con regularidad para estar al pendiente de los papeles y que no vuelva a pasar.</i>	<i>08-30-24</i>	

SEP 0 2024

NAME - Agency Worker  
Kristia Pagan Rivera

Date Issued  
8/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Erika Perez*

Date Signed  
*08-30-24*