

Date Correction Plan Due 8/15/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Nanas Palace		Provider Number / Facility ID Number 4000592114 / 001	
Address - Facility (Street, City, State, Zip Code) 4940 W Vienna Ave Milwaukee WI 53216		Telephone Number 414-644-2273	Date - Regulation Visit 7/30/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(11)(d) A Safe Crib Or Playpen With A Tight-Fitting Mattress With A Tight-Fitting Covering Shall Be Available For Each Child Under One Year Of Age To Use For Napping Or Sleeping. The Crib Or Playpen May Not Contain Soft Or Loose Materials, Such As Sheepskins, Pillows, Blankets, Flat Sheets, Bumper Pads, Bibs, Pacifiers With Attached Soft Objects Or Stuffed Animals. A Certified Family Child Care Operator Shall Ensure That Each Crib Used By A Child In Care Satisfies The Applicable Federal Safety Standards In 16 Cfr Part 1219 Or 1220. Description: The playpen available had the mattress at a height which is unsafe for infants who are able to roll over and sit up. The operator stated that one of the infants enrolled who uses the playpen is able to sit up and roll over. The playpen mattress was lowered during the time of the visit.	At the time of the visit, I was sure to lower the mat in the playpen to ensure children that are able to sit are safe while in the playpen.	7-30-2025	

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2	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none">1. The Parents' Home And Work Phone Numbers.2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.3. The Parents' Signed Consent For Emergency Medical Care.4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: The Enrollment and Health History forms for children #1 and #2 were incomplete.</p>	<p>I was in contact with the parent of child # 1 and 2 And was able to get him to fill the form out completely. I will be sure to double check the forms to ensure all information is fill out correctly</p>	8-1-2025	
3	<p>202.08(2)(am)1. A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.</p> <p>Description: There was no carbon monoxide detector on the second level of the home.</p>	<p>I will be sure to keep proper working batteries in the new carbon monoxide detector that I just purchased. Its 2 in 1.</p>	8-4-2025	

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4	<p>202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: There was no smoke detector on the second level of the home.</p>	<p>I just purchased a 2 in 7 smoke and carbon detector. I'll be sure to keep proper working batteries in and check weekly/monthly.</p>	8-4-2025	
5	<p>202.08(2)(e)6. Wading Pools May Be Used If The Water Is Changed Daily And The Pool Is Disinfected Daily. A Provider Shall Be Outside With Children Providing Sight And Sound Supervision When A Wading Pool Containing Water Is Present In The Outdoor Play Area.</p> <p>Description: A wading pool was observed with dirt present on the bottom from a previous day. It had not been emptied and disinfected.</p>	<p>When using a wading pool I will be sure to dump and clean it daily. I did remove it as of now, but it was dumped and cleaned before I did.</p>	7-30-2025	
6	<p>202.08(2)(L) The Premises Shall Have No Flaking, Chipping, Peeling, Or Deteriorating Paint On Exterior Or Interior Surfaces In Areas Accessible To Children.</p> <p>Description: The garage had peeling paint that was accessible to children in the outdoor play space.</p>	<p>I have been in contact with my landlord to get it sanded properly. I will make sure im paying attention to the</p>	<p>8-4-2025 - 8-15-2025 Between</p>	

garage to know when it is peeling and have it taken care of as soon as possible.

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7 202.08(4)(b) The Physical Examination Report Shall Be Made On An Electronic Printout From A Licensed Physician, Physician Assistant, Or Health Check Provider Or On A Form Provided By The Department That Is Signed And Dated By A Licensed Physician, Physician Assistant, Or Health Check Provider. Description: The health report on file for children #3 was not signed and dated by a health care provider.	I am in contact with mom and child #3 has an upcoming appointment and can have paper signed at time of visit.	8-15-2025	

I'll be sure to double check all information is signed and completed.

NAME - Agency Worker
Deborah Kersting

Date Issued
8/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ananda Wilder

Date Signed

8-4-2025