

<b>Date Correction Plan Due</b> 8/8/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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.

<b>Name - Certified Operator / Licensed Center</b> Fun-Nominal Kidz		<b>Provider Number / Facility ID Number</b> 2000589842 / 001									
<b>Address - Facility (Street, City, State, Zip Code)</b> 2907 N 45Th St Milwaukee WI 532101716		<b>Telephone Number</b> 414-763-9333	<b>Date - Regulation Visit</b> 7/23/2024								
	<table border="1"> <thead> <tr> <th data-bbox="224 980 1349 1067">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="1349 980 2099 1067">Correction Plan</th> <th data-bbox="2099 980 2445 1067">Expected Completion Date</th> <th data-bbox="2445 980 2759 1067">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="224 1067 1349 1703">                     1                      202.08(12)(d)  <b>The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent</b>                       Description: Child #2 parent did not check the box on the Enrollment Health and History form on page 3, J. Attestation, stating the parent had an opportunity to review the policy for the childcare center and a summary of the Wisconsin Rules, DCF 202.                 </td> <td data-bbox="1349 1067 2099 1703">                     Met with parent reviewed and discussed the policy and procedures and Wisconsin rules DCF 202.                       Provider will thoroughly check over all signed paperwork before filing.                 </td> <td data-bbox="2099 1067 2445 1703">                     8/14/2024                 </td> <td data-bbox="2445 1067 2759 1703"></td> </tr> </tbody> </table>	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	1 202.08(12)(d) <b>The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Making A Copy Of The Applicable Certification Standards Available To Each Parent</b>  Description: Child #2 parent did not check the box on the Enrollment Health and History form on page 3, J. Attestation, stating the parent had an opportunity to review the policy for the childcare center and a summary of the Wisconsin Rules, DCF 202.	Met with parent reviewed and discussed the policy and procedures and Wisconsin rules DCF 202.  Provider will thoroughly check over all signed paperwork before filing.	8/14/2024			
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414-763-9333

Date - Regulation Visit

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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"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: Child #3 Enrollment and health history information form was missing information on whether there is any authorize person to call for or receiving the child.</p>	<p>Met with parent and parent stated no one else is authorized to pick up. Besides emergency contact if there's an emergency.</p> <p>Provider informed parent it's always good to have someone on there just in case.</p>	8/7/2024	
3	<p>202.08(12)(i) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.</p> <p>Description: The operator did not inform the parents of child #2 in writing whether a child care liability insurance policy covers the premises and the child care business</p>	<p>Provider met with parent and noticed this information was signed and dated and parent was informed. Provider gave a thorough update of insurance policies.</p>	8/14/2024	

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4 202.08(1m)(e) <b>If Requested By The Certification Agency, An Operator Shall Submit A Plan Of Correction For Cited Violations Of This Chapter, Ch. DCF 13, Or S. 48.686, Stats., To The Certification Agency By The Date The Agency Specifies. The Operator Shall Submit A Revised Plan Of Correction To The Agency If The Initial Plan Is Not Accepted By The Agency.</b>  Description: The operator failed to return correction plan that was requested from the Department.	Provider will return correction plan. Provider did correct all non-compliances.	8/1/2024	
5 202.08(2)(c) <b>The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</b>  Description: Nails were sticking out of the exterior siding that was hazardous and accessible to children. A half-55-gallon rusted metal can was found outside accessible to the children. A blue tarp was laying on the ground outside accessible to the children.	Provider removed all hazardous materials. half 55 gallon, blue tarp and nails.	7/29/2024	

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<p>6 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.</p> <p>Description: Child #3 did not have a health report or an updated health report on file.</p>	<p>Met with parent and she informed provider that her child has a upcoming Dr. visit she will get health report on 8/19/24</p>	8/20/2024	
<p>7 202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator was not able to provide the written emergency plan during the visit.</p>	<p>Provider posted written emergency plan.</p>	7/29/2024	

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8	<p>202.08(5)(j) The Operator Shall Maintain Documentation Of The Actual Hours That A Provider Who Is Not Also The Operator Has Worked.</p> <p>Description: Staff B was supervising children in care and was not signed in on the attendance sheet during the visit. Previous attendance sheets were reviewed. Staffs were not signed in/out of the actual hours that they were working in the childcare.</p>	<p>Provider informed staff always sign in on arrival regardless of licensing meeting.</p> <p>Provider had staff sign off attendance even if they didn't work to acknowledge no <sup>hours</sup> worked</p>	7/29/2024

NAME - Agency Worker  
Lou Thao, Magregor Saylor

Date Issued  
7/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Lou Thao*

Date Signed

7/31/2024