

Date Correction Plan Due 9/3/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Fun-Nominal Kidz		2000589842 / 001	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
2907 N 45Th St Milwaukee WI 532101716		414-763-9333	8/20/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>202.08(1m)(e) 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.</p> <p>Description: The operator did not submit a plan of correction as requested for violations issued on 8/1/2025 with a due date of 8/15/2025. A request was made again for a plan of correction on 8/19/2025 however the operator has not returned the correction plan as of 8/20/2025.</p>	<p>Provider will be more punctual with completing tasks.</p>	<p>8/21/2025</p>

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	202.08(2)(m)1. Pets In The Home Shall Be Tolerant Of Children And Vaccinated Against Rabies. The Rabies Vaccination Shall Be Documented With A Current Certificate From A Veterinarian.  Description: The operator failed to submit documentation of rabies vaccination.	Provider emailed proof of rabies vaccine.	8/16/2025

NAME - Agency Worker Lou Thao	Date Issued 8/20/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Dea Quetta Williams</i>	Date Signed 8/21/2025