NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

STATE OF WISCONSIN

TO FILE A COMPLAINT CALL
262-446-7800

Purpose 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
Mundo Feliz Family Day Care

Address - Facility (Street, City, State, Zip Code)
2147 S 10Th St Milwaukee WI 532152746

Provider Number / Facility ID Number
7000584337 / 001 - 1013944

Telephone Number
414-672-5786

Date - Regulation Visit
10/30/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.a. **Monitoring Results Posted** Description: Most current Noncompliance form was not posted.	Corregido	Completado	11-18-2025
2	250.06(2)(n)1.a. **Radon - Testing** Description: The center did not have a copy of the most current Radon test on file.	Corregido	Completado	11-18-2025

NAME - Agency Worker
Joel Marquez, Mary Schultek

Date Issued
11/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Alicia Garcia

Date Signed
11-18-2025