

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
12/3/2024

TO FILE A COMPLAINT CALL

**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

Provider Number / Facility ID Number

Paula Perez

7000571577 / 001

Address - Facility (Street, City, State, Zip Code)  
1810 55Th Street Kenosha WI 53140

Telephone Number  
262-945-2674

Date - Regulation Visit  
11/26/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(2)(am)2. A Residential Building With At Least 3 Units Shall Have One Or More Functional Carbon Monoxide Detectors Installed In Accordance With The Requirements Of S. 101.149, Stats.	<i>New Carbon Monoxide + Smoke Alarm was installed Nov. 27, 2024</i>	<i>11-27-2024</i>	<i>12/31/2024</i> <i>KRM</i>
2 202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.	<i>[Arrow pointing to right]</i>	<i>[Arrow pointing to right]</i>	<i>12/31/2024</i> <i>KRM</i>



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NAME - Agency Worker

Andria Connolly-Meyers

Date Issued

11/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Paula Perez*

Date Signed

*Nov. 29, 2024*