

Date Correction Plan Due
3/27/2026

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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: Kidz N Paradise
Provider Number / Facility ID Number: 9000587509 / 001 - 2000669

Address - Facility (Street, City, State, Zip Code): 4642 N 42Nd St Milwaukee WI 532095828
Telephone Number: 414-875-8758
Date - Regulation Visit: 3/12/2026

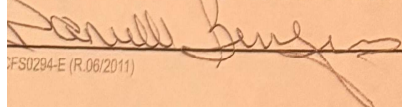
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 2 does not have documentation of an initial health examination within 3 months after Child 2 was admitted to the center.	Request a copy from parents	4/1/26	
250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 1 does not have documentation of an initial health examination within 3 months after Child 1 was admitted to the center.	Request a copy from parent	4/1/26	

E - Agency Worker
I Noel

Date Issued
3/12/2026

ATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



3/16/26