

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
9/29/2025

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 Paris B Coleman Address - Facility (Street, City, State, Zip Code) 3618 N 40Th St Milwaukee WI 53216		Telephone Number 414-304-9248	Date - Regulation Visit 9/12/2025
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
1 202.08(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.	I informed the parent that I need a updated Health Report form And the parent will get it. If not the child can not return. Parent said they will have the form by 1st week of October	Oct 10 th 2025	Verification Date
Description: The health report for child#3 is outdated.			

Provider Number / Facility ID Number
4000589164 / 001

Date Issued
9/15/2025

NAME - Agency Worker
Jean Houston

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Paris Coleman

9-29-25