

Date Correction Plan Due
12/3/2024

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

Provider Number / Facility ID Number

Goodman's Child Care

1000581871 / 001 - 1016137

Address - Facility (Street, City, State, Zip Code)
5141 N 51st Blvd Milwaukee WI 532184332

Telephone Number
414-461-8591

Date - Regulation Visit
11/13/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1 250.04(3)(g)1.
Report - Law Enforcement Contact - Harm

Description: Licensee did not inform licenser of police contact. She was unaware she needed to report it due to incident being outside of operation hours.

I will report any accidents that happen at my residence, which is 5141 N 51st Blvd Milw, WI 53218 ASAP 12/11/24

NAME - Agency Worker
Jennifer Mischock, Allison Nyren

Date Issued
11/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Pamela Goodman

Date Signed
12/11/24

REPORT OF THE DIRECTOR OF THE BUREAU OF REVENUE

FOR THE FISCAL YEAR 1910

1910

The following is a summary of the operations of the Bureau of Revenue for the fiscal year 1910. The total receipts for the year were \$1,000,000,000, and the total disbursements were \$950,000,000. The balance on hand at the end of the year was \$50,000,000.

Item	Amount
Receipts	\$1,000,000,000
Disbursements	\$950,000,000
Balance on hand	\$50,000,000

The following is a detailed account of the operations of the Bureau of Revenue for the fiscal year 1910. It includes a list of all the items received and disbursed, and the amounts for each item.

The following is a list of all the items received and disbursed by the Bureau of Revenue for the fiscal year 1910. It includes the name of the item, the amount, and the date of receipt or disbursement.