

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

This form is used to document a violation of a rule or statute and to outline the corrective action to be taken. It is used to document a violation of a rule or statute and to outline the corrective action to be taken. It is used to document a violation of a rule or statute and to outline the corrective action to be taken.

The Noncompliance Statement section identifies the violation(s) of rule or statute and the administrative rule identified by the certification/licensing specialist. Complete the section titled "Correction Plan" by outlining the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Submit the original to your certification/licensing specialist for approval and retain a copy. If this is a second order case, print your copy of the noncompliance statement and correction plan over the license in accordance with Wis. Stat. 48.02(1). This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.112. If the department decides to seek 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: **Gloria's Family Daycare**
 Provider Number / Facility ID Number: **0000001509 / 001**

Address - Facility (Street, City, State, Zip Code): **3024 N 20th St Milwaukee WI 532102020**
 Telephone Number: **414-325-2332**
 Date - Regulation Violation: **9/15/2024**

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: Child #2 was missing the physician/medical facility information on the Enrollment and Health History form on file.	Provider and family member talked about missing items and family member agreed to get information soon as possible	9/25/2024	9/25/2024 S.S.

Name - Certified Operator / Licensed Center Gloria's Family Daycare		Provider Number / Facility ID Number 9000081009 / 001	
Address - Facility (Street, City, State, Zip Code) 3024 N 30Th St Milwaukee WI 532102026		Telephone Number 414-325-2332	Date - Regulation Violation 9/18/2024
		Correction Plan	Expected Completion Date
Rule/Statute Number Noncompliance Statement		Family member made aware of missing items Family stated will provide information.	9/25/2024
2	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.		9/25/2024 3.S.
Description: Child #1 and #2 were missing a health report on file.			

Faded handwritten notes, possibly a duplicate of the correction plan above.

NAME - Agency Worker
 Lou Thao

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten Signature]

Date Issued
 9/18/2024

Date Signed
 9/25/2024