Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
2/24/2022		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
Olvera's Family Day Care	0000590580 / 001 - 2005664

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
3137 S 54Th St Milwaukee WI 532194420	414-839-6947	2/4/2022

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. **Child Record - Enrollment & Health History Forms** Description: Child #1 did not have a completed enrollment form. The emergency contact information was not completed.	le di el documento a la mama para que ella lo llenara	la mama lleno las formas 02-07-2022	
2	250.06(3)(b) **Emergency Plans - Practice** Description: There was no documentation of fire drill testing.	Lo voy a llenar	ya lo - llene 2-07-2022	
3	250.09(1)(c)1. **Infant & Toddler - Information For Providing Individualized Care** Description: Child #2 did not have an Intake Under 2 form on file.	le voy a recordar a la mamá que me entregue la forma	La mamá me entre- go la forma 2-07-2022	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Olvera's Family Day Care		0000590580 / 001 - 2005664	
Address - Facility (Street, City, State, Zip Code) 3137 S 54Th St Milwaukee WI 532194420	**Telephone Number** 414-839-6947	**Date - Regulation Visit** 2/4/2022	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Certification Worker / Licensing Specialist
Joel Marquez, Laura Taylor

Date Issued
2/10/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
2-10-2022

CHILD INFORMATION CARD

ild's Name Mustache (Last) Robert D. (First) Birth Date 7/22

rent or Guardians (Note: unless we are informed otherwise in writing via a custody order or other legal document, bot
rents listed will be permitted to pick up a child.)

ther Wayne R. Mustache House worked 414 204 3497
me Address 1259 S 40th ST Home ph. N/A Work ph. N/A
ther Maria J. Arroyo H. House worked 414 204 3496
me Address 1259 S 40th ST Home ph. N/A Work ph. N/A

idence: Child lives with: ☒Both parents ☐Mother only ☐Father only
☐Shared or split custody ☐Other

al Custody: ☒Both parents ☐Mother ☐Father ☐Guardian

rgency: When a parent or guardian can't be reached, the following may be called in an emergency and have permi
ve my child from the center if necessary.

e: N/A Home ph. N/A Work ph. N/A
e: N/A Home ph. N/A Work ph. N/A

ional person(s) authorized to call for my child:

's health care provider: Name Dr. Gary D. Nordyke Phone 414 771 5
ss 6200 W Bluemound Rd.
Milwaukee, WI 53213

s my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately

Signature: Date 1/2

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Mustache, Robert D.	07/22/2020	

Home Address (Street, City, State, Zip Code): 1259 S 40th St Milwaukee, WI 53215

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Maria J. Arroyo	4147043496	4143231000	414 914 7000
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Wayne R. Mustache	4147043497		

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
Gary Nordyke	6200 W Bluemound Rd Milwaukee, WI 53213	4147715600

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

	Brand Name	Ingredient Strength
☒ Yes ☐ No I authorize the center to apply sunscreen to my child.		
☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.		
☒ Yes ☐ No I authorize the center to apply repellent to my child.		
☐ Yes ☐ No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

☐ No specific medical condition
☐ Asthma
☐ Cerebral palsy / motor disorder
☐ Other condition(s) requiring special care – Specify.
☐ Diabetes
☒ Epilepsy / seizure disorder
fever
☐ Gastrointestinal or feeding concerns, including special diet and supplements
☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

- fiebre alta
- infeccion vias espiratorias (1 episodio epilepsia por fiebre)
  medicamento cada 8 hrs, checar temp. corporal cada 4 hrs.

3. Signs or symptoms to watch for – Specify.

- fiebre
- infección
-

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

N/A

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a. motrin 8 hrs.

b. acetaminophen

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

N/A

7. When to consider that the condition requires emergency medical care or reassessment.

N/A

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)
1/28/22

Review dates: _____ _____ _____ _____ _____

order to aid child care workers in individualizing the program of care for the child in a family or group child care center. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: This form is to be completed by a parent / guardian and must be on file at the center prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

First Day of Attendance (mm/dd/yyyy): 07-01-2022

PARENT / CHILD NAME AND ADDRESS

Name – Child (Last, First, MI): Mazaba Sofia Y.

Nickname (If any): Sofi

Birthdate (mm/dd/yyyy): 12-25-2020

Name – Parent(s) (Last, First, MI): Garcia Yohana

Telephone Number – Home: (414) 625-0774

Address – Parent(s) (Street, City, State, Zip Code): 1750 S. 60th St. West Allis WI. 53214

HEALTH Note: Health conditions that may affect the care of the child must be recorded on the department's form, *Health History and Emergency Care Plan*. The form should be shared with any person who provides care for the child.

☐ Child has frequent colds, ear infections, colic, etc. – Describe.

UPDATES

MEALS

Current feeding schedule

Length of time on current schedule

Food type

☐ Breast milk ☐ Formula ☐ Strained ☐ Junior ☒ Table ☒ Milk type – Specify: Whole

New food timetable

When eating, child is –

☐ Held in lap ☒ In highchair ☐ Other – Specify:

Feeds self

☐ Yes ☒ No If "Yes", uses: ☐ Spoon ☐ Fork ☐ Hands

Special feeding problems

☐ Yes ☒ No If "Yes" – Specify:

Food allergies

☐ Yes ☒ No If "Yes" – Specify:

Favorite foods – Specify.

Rice, beans

Refused foods – Specify.

UPDATES

☐ Yes ☒ No If "Yes" – list toy(s):

Sleep position – **child under age 1 year**

Note: Children under age 1 year must be placed to sleep on their back unless a written statement from the child's physician is attached.

☒ Back for children under age 1 year ☐ Side or stomach (physician statement attached)

Sleep position – **child age 1 year and older**

☒ Back ☐ Side or stomach

UPDATES

DIAPERING / TOILETING

Diaper – type

☐ Cloth ☒ Disposable

Diapers provided by parent

☒ Yes ☐ No

Plastic pants used

☐ Always ☒ Never ☐ Sometimes If "Sometimes" – Specify:

Highly sensitive skin

☐ Yes ☒ No

Frequent diaper rash

☐ Yes ☐ No

Lotions, powders, or salves used

☐ Yes ☒ No If "Yes", product name(s) – Specify:

Toilet training attempted

☐ Yes ☒ No If "Yes", describe routine.

Type of toilet seat used at home

☐ Potty chair ☐ Special toilet seat ☒ Regular toilet seat

Regular bowel movements

☒ Yes ☐ No How often: Time(s) of day:

Toileting problems

☐ Yes ☒ No If "Yes" – Describe.

UPDATES

VERBAL COMMUNICATION

Family's spoken language.

☐ English ☒ Spanish ☐ Other If "Other" – Specify:

Age child began talking

Child speaks in

☐ Words ☐ Sentences

Words used to describe special needs – Specify.

UPDATES

☒ Yes ☐ No If "Yes" – Specify time.

How is fussy time handled? When she's tired and needs nap

Child likes to be:

☒ Held ☒ Sung to ☒ Rocked ☐ Read to ☐ Other – Specify:

Special things you say or do to comfort child.

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Smiles

Additional comments

PDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to – (Check all that apply)

☒ Sit up alone ☒ Pull up ☒ Crawl ☒ Walk holding on ☐ Walk without support

☒ Yes ☐ No Is your child used to playmates?

Comments

UPDATES

MISCELLANEOUS

Child's favorite **indoor** toys and activities – Specify.

Any, peek a boo

Child's favorite **outdoor** toys and activities – Specify.

Any

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child.

UPDATES

Yohana [illegible]

SIGNATURE – Parent or Guardian

07-01-2024

Date Signed

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

SAFETY AND EMERGENCY RESPONSE DOCUMENTATION
GROUP CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 251.06(3)(b)4. and 251.06(4)(j) of the Wisconsin Administrative Codes.

Instructions: Child care center personnel shall enter the requested information when each item is completed. If your facility is equipped with a fire protection (sprinkler) system, attach signed fire protection maintenance records from a qualified monitoring agency.

Name – Group Child Care Center	Facility ID Number	Year
Olvera's family daycare	2005664	2022

A. FIRE DETECTION / PREVENTION SYSTEM INSPECTION Fire alarms and smoke detectors shall be tested monthly. In the spaces provided below, enter the date, the time and the result of each monthly test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date		02-07-22										
Time		10:00 am										
Results		bueno Good										

B. EMERGENCY DRILL PRACTICE Fire drills shall be conducted every month; tornado drills shall be conducted monthly from April through October. In the spaces provided below, enter the date (mm/dd/yyyy) and time (hh:mm) of the drill in the Date & Time field, and add the number of minutes and seconds (mm:ss) it took to evacuate to the area designated in the center's written plan in the Drill Time field. **Note:** The recommended exit time is 2 minutes maximum.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire Drill	Date and Time		02/07/22 9:05 AM.										
	Drill Time		1.35 min.										

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Tornado Drill	Date and Time												
	Drill Time												

C. FIRE EXTINGUISHER INSPECTION Each fire extinguisher on the premises of a center shall be inspected and tagged once a year by a qualified person.

Date of the annual inspection: _____

D. VEHICLE SAFETY ALARM INSPECTION All vehicles with a manufacturer's seating capacity of 6 or more passengers in addition to the driver that are used to transport children in care shall be equipped with a vehicle safety alarm. A licensee who is required to have a child safety alarm installed must ensure that the alarm is properly maintained and in good working order each time the child care vehicle is used for transporting children. In addition to the inspection by the driver, the department recommends that all vehicle safety alarms be tested monthly by the licensee. In the spaces provided below, enter the date, time, and results of the test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												