

Name - Certified Operator / Licensed Center

Golden Ray Childcare Home

Provider Number / Facility ID Number

4000589924 / 001

Address - Facility (Street, City, State, Zip Code)

3942 N 78th St Milwaukee WI 53222

Telephone Number
414-627-8251

Date - Regulation Visit
6/11/2025

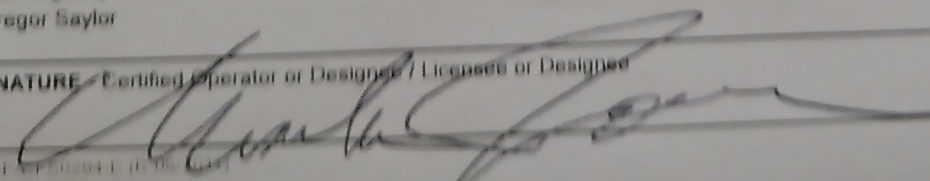
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected	Verification
			Completion Date	Date
2	<p>202.08(2)(a) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: The provider did not have a working smoke detector on the ground floor.</p>	<p>The smoke detector was located in a drawer in the kitchen I have already placed it back</p>	<p>6-27-25</p>	<p>6-27-25</p>
3	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Kitchen cabinets which contained hazardous materials did not have working child safety locks.</p>	<p>Clear and clean out all cabinets and secure safety locks in place. place all harmful items to the basement</p>	<p>7-15-25</p>	<p>6-27-25</p>

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4	<p>202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.</p> <p>Description: Provider was unable to provide attendance records at the time of the visit.</p>	gain access to basement and grab the sign-in sheets	7-15-25
			Verification Date 6-27-25

NAME - Agency Worker
Magregor Saylor

Date Issued
6/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
6-27-25

Date Correction Plan Due
6/27/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL

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.

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1	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Description: Provider was unable to provide child records at the time of the visit.</p>	<p>got access to my basement where my file cabinets are and grab the child records and update whoever needs to be updated and secure the records on the 1st level of my home</p>	<p>7-15-25</p>
			Verification Date
			6-27-25