

Date Correction Plan Due  
2/10/2025

**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 252.4 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 \$ 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 staff. 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 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 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 notified of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Latoria Gilmore

7000589717 / 001

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

Telephone Number

6155 N 35Th St Milwaukee WI 532093603

414-639-0010

Date - Regulation Visit

1/27/2025

| Rule/Statute Number | Correction Plan  | Expected Completion Date | Verification Date |
|---------------------|--|--------------------------|-------------------|
| 202.08(4)(a)1.      | Mom was notified, she has a doctor appointment + 03/03/2025.   |                          |                   |
| 202.08(4)(e)        | For child #7 mom was notified and dropped off immunization upon pickup.<br>For child #3 mom or her relative could come 02/03/2025. |                          |                   |

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.

Description: There was no health report on file for child #3.

202.08(4)(e)  
The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.  
Description: There was no immunization record on file for children #3 and #7.

Address - Facility (Street, City, State, Zip Code)  
5155 N 35TH St Milwaukee WI 532093603

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7000569717 / 001

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414-639-0010  
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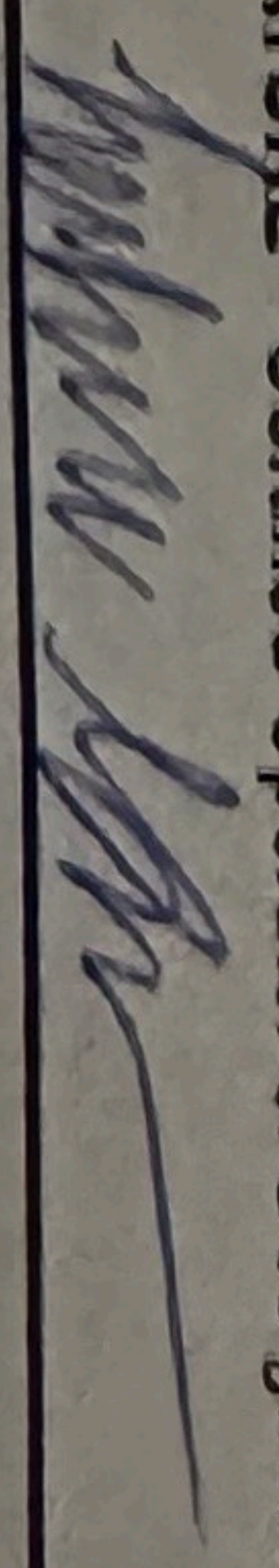
Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Jean Houston

Date Issued  
1/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

02/04/2025