

Date Correction Plan Due 7/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Grandma's House Of Little Wonders		Provider Number / Facility ID Number 2000591472 / 001 - 2006653		
Address - Facility (Street, City, State, Zip Code) 4971 N 89Th St Milwaukee WI 532254107		Telephone Number 414-485-7019	Date - Regulation Visit 6/20/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: A physical examination was not accessible or available to view for child 3 during the monitoring visit.	Gave form to parent to have completed by doctor. I will go through my files every other week to make sure everything is in order.	7/5/2024	
2	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Child 4 was not signed in for care on 6/20/24 during the monitoring visit.	Signed child in right away. Will keep on top of signing in the children. I will place my book on the kitchen table by door to make sure when the child comes through that door, I will be able to sign the child in right away.	6/20/2024	

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3	250.05(2)(c) Staff File - Days, Hours Worked Description: Hours worked were not documented for staff A during the monitoring visit on 6.20.2024 and staff B did not sign out on 5.30.2024.	Inserted the hours. The book will be on the kitchen table by the front door for me or the employees to sign in and out for the day.	6/20/2024	
4	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Bleach wipes, dawn dish soap raid spray were accessible to children in the kitchen area and various insect sprays were accessible to children in the outdoor play area. Repeat violation: Previously cited on 3/7/2024	Put the dish soap and the raid spray away under the sink. The sprays on the outside are locked in the garage. I will do a sweep before opening and/or make sure I place it back behind locked doors/cabinets.	6/20/2024	
5	250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medical authorization form was not present or accessible to view for child with an identified medical condition.	Gave form to parent to be completed. I will ask the parent(s) if the child has a medical condition when giving out enrollment forms and to make sure I include the Medication Administration Form.	7/5/2024	
6	250.09(3)(b) Infant & Toddler - Food & Formula Brought From Home Description: A can of formula was not labeled and dated with the child's name during the monitoring visit.	Labeled Formula and Food with the infant's name. I've been labeling all formula and food when the parent(s) provides it or drop any off.	6/20/2024	

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NAME - Agency Worker
Lenisa Lee

Date Issued
7/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Keela Simmons

Date Signed
7/3/2024