Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/16/2026		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
Grandma's House Of Little Wonders	2000591472 / 001 - 2006653

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4971 N 89Th St Milwaukee WI 532254107	414-485-7019	9/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. **Child Record - Enrollment Information - Parent's Names** Description: The full names of both child's parent was not observed on file for Child #2 and Child #3. Repeat violation: Previously cited on 6/9/2025	The full names of the parents (fathers)are on the enrollment forms.Child #2 is listed under the authorized persons and the grandpa is listed as the emergency contact. I don't know the situation with child #3, but the other parent will not be on the form. The emergency contact is listed for me to contact.	11/02/2026	
2	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: The name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately wasn't observed on file for Child #1.	There is an emergency contact on the form.	11/02/2026	

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3	250.04(6)(a)1.h **Child Record - Enrollment Information - Date Of Attendance** Description: The child's first day of attendance at the center wasn't on file for Child #1 and Child #2.	The first day of attendance was filled on the enrollment forms.	11/02/2026	
4	250.04(6)(a)2. **Child Record - Field Trip Permission** Description: Field trip authorization was observed incomplete for Child #3.	Field trip authorization was completed on the enrollment form/	11/02/2026	
5	250.06(7)(a)1. **Exits - Unobstructed** Description: The secondary exit was blocked by a mop bucket with cleaners inside, the dog food and water bowl, and a large bag of recyclables.	Was in the process of cleaning when there were no children present. Removed the items out of the way from blocking the exit.	11/02/2026	
6	250.07(6)(b)1. **Medical Log Book** Description: The medical log book was observed numbered incorrectly. The log book jumps from page 89 to page 100 without any missing pages.	Renumbered book to make corrections, but it's still a page short. Will repurchase another one to number it correctly.	11/02/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
11/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Keela Simmons

Date Signed
11/02/2026