

<b>Date Correction Plan Due</b> 2/24/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-361-7700
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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.

<b>Name - Certified Operator / Licensed Center</b> Grandmas Place Day Care Center		<b>Provider Number / Facility ID Number</b> 9000556449 / 003 - 620389		
<b>Address - Facility (Street, City, State, Zip Code)</b> 15949 W 4Th St Hayward WI 548436118		<b>Telephone Number</b> 715-634-2796	<b>Date - Regulation Visit</b> 2/5/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A did not have a health report on file.  Repeat violation: Previously cited on 3/27/2025	as of march 5, 2026, staff A will no longer be working for Grandmas Daycare. New staff will be notified about paper work being brought in on a timely manner.	march 5, 2026	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff A did not have documentation of abusive head trauma training on file.  Repeat violation: Previously cited on 3/27/2025	as of march 5, 2026, Staff A will no longer be working for Grandmas Daycare. New Staff will be notified about paper work being brought back in a timely manner.	march 5, 2026	

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15949 W 4Th St Hayward WI 548436118		715-634-2796	2/5/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A did not have documentation of child abuse and neglect training on file.  Repeat violation: Previously cited on 3/27/2025	as of March 5, 2026, Staff A will no longer be working for Grandmas Daycare. New staff will be notified about paper work being brought in on a timely manner.	3.5.2026	
4 251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: Child 1 had an epi pen that was not in the original container with the child's name or a label.	Teachers will be notified about keeping meds and epi pens in their original containers, with the child's name and label on them.	2.10.2026	
5 251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: Child 1 had an epi pen at the center that expired in November 2025.	The epi pen that belonged to Child 1 was sent home on 2.10.2026 Teachers in the future will be notified to check dates on meds and epi pens periodically.	2.10.2026	

NAME - Agency Worker  
Brooke Lampe

Date Issued  
2/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Brooke Lampe*

2/16/2026