

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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 Day Care Ctr Watert 1000563691 / 001 - 1000320

Address - Facility (Street, City, State, Zip Code) **Telephone Number**
11401 Watertown Plank Rd Wauwatosa WI 53226 414-475-9381

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</p> <p>Description: A child sustained a <input type="checkbox"/> big bump on forehead <input type="checkbox"/> on 3/20/24 at 3:56pm. Parents were not notified until 4:57pm. Parents must be notified immediately of any head injury.</p>	<p>talked about at staff meeting - reminding staff to send message out immediately for head injuries</p>	<p>5/16/24</p>	
<p>2 251.05(2)(a)4.a. Staff Record - Registry Certificate</p> <p>Description: Staff A does not have a current Registry Certificate for the position she holds.</p>	<p>was submitted in march of 2024, waiting for it to process</p>	<p>5/24</p>	

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Telephone Number
414-475-9381

Date - Regulation Visit
4/10/2024

11401 Watertown Plank Rd Wauwatosa WI 53226

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3</p> <p>251.05(3)(g)2. Assistant Child Care Teacher - Qualifications</p> <p>Description: Staff B and Staff E do not have documentation of completing one non-credit department approved course in early childhood education within 6 months after assuming the position.</p>	<p>talk to staff about getting required classed</p>	<p>4/11/24</p>	
<p>4</p> <p>251.06(2)(a) Potential Source Of Harm On Premises</p> <p>Description: There are several loose cords hanging from the wall accessible to children. Loose cords are a strangulation hazard.</p>	<p>cord protectors bought + installed</p>	<p>4/22/24</p>	
<p>5</p> <p>251.07(6)(f)1.b. Medication Administration - Containers & Labeling</p> <p>Description: A bottle of Motrin for a child is not labeled with the child's name.</p>	<p>Sent bottle home + reminded parents about labeling</p>	<p>4/10/24</p>	
<p>6</p> <p>251.07(6)(f)6. Current Authorizations For Medications On Premises</p> <p>Description: There is a bottle of Motrin on the premise without a current authorization. The authorization ended on April 5th, 2024.</p>	<p>Sent bottle home</p>	<p>4/10/24</p>	

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NAME - Agency Worker
Sara Cooney

Date Issued
4/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed



