

**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**

Grandma's House Day Care Ctr Watert

**Provider Number / Facility ID Number**

1000563691 / 001 - 1000320

**Address - Facility (Street, City, State, ZIP Code)**

11401 Watertown Plank Rd Wauwatosa WI 532263414

**Telephone Number**

414-475-9381

**Date - Regulation Visit**

11/11/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p><b>251.04(3)(b) Report - Damage To Premises</b></p> <p>Description: Center did not report damage to the premises due to flooding during historic rainfall. Flooring needed to be replaced and no school age children were in attendance for 2-3 days.</p>	<p>Learned &amp; retained knowledge of reporting flooding</p>	11/11/25	
2	<p><b>251.05(3)(g)2. Assistant Child Care Teacher - Qualifications</b></p> <p>Description: Staff A and Staff B who have been employed for more than 6 months do not have documentation of required training to make they qualified as an assistant teacher.</p> <p>Repeat violation: Previously cited on 1/16/2025, 4/10/2024</p>	<p>Worked w/ staff members &amp; signed up for class / asked for certificate when if completed</p>	11/12/25	

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<p>3</p> <p>251.06(2)(a) <b>Potential Source Of Harm On Premises</b></p> <p>Description: There are decorative Halloween lights hanging low on the wall in the infant room, making them accessible to children. The lights are loose and pose a strangulation hazard.</p> <p>Repeat violation: Previously cited on 1/16/2025, 4/10/2024</p>	<p>Remaining cord was tapped &amp; secured to wall</p>	<p>11/11/25</p>	
<p>4</p> <p>251.07(3)(a)5. <b>Indoor Equipment - Intended Use</b></p> <p>Description: An infant was observed sitting in a Bumbo seat and was not strapped in. Manufacture guidelines state straps should be used when children are in them.</p>	<p>Talked w/ staff about strapping children in if it comes with straps</p>	<p>11/11/25</p>	
<p>5</p> <p>251.07(6)(dm)1. <b>Medical Log Book</b></p> <p>Description: The medical log book in room 007 does not have all the pages numbered. It is numbered to page 41.</p>	<p>staff member #1'd remaining pages in book during nap</p>	<p>11/11/25</p>	
<p>6</p> <p>251.07(6)(dm)3.b. <b>Medical Log - Injury In Care</b></p> <p>Description: Several entries in the medical log book were not entered the day of the incident. Several dates of injuries are out of order in the medical log book.</p>	<p>Went over @ staff meeting, logging in medical books do/ds + JS</p>	<p>11/14/25</p>	

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7 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b> Description: A medication authorization form for Hydrocortisone cream dose not have an end date. Repeat violation: Previously cited on 1/16/2025	Had specific family finish filling out form	11/11/25	
8 251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b> Description: A bottle of Tylenol on premise with a current medication authorization form is expired.	Sent medicine home with family & let them know to double check dates	11/11/25	

NAME - Agency Worker  
Sara Cooney, Kristin Lange

Date Issued  
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee  


Date Signed  
11/24/25

