

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	1/30/2026
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 Center	
Address - Facility (Street, City, State, Zip Code)		229 E Capitol Dr. Hartland WI 530292105	
Telephone Number		262-361-4809	
Date - Regulation Visit		1/13/2026	
Provider Number / Facility ID Number 1000563691 / 006 - 1015345			

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills		1/13/26	1/13/26
251.07(6)(dm)4. Medical Log - Reviewing Injury Records		1/13/26	1/13/26



SIGNATURE - Certified Operator or Designee / Licensee or Designee

1/29/26
Date Signed

NAME - Agency Worker
Rhonda Brueggemann

1/16/2026
Date Issued

Name - Certified Operator / Licensed Center Grandma's House Day Care Center 100563691 / 006 - 1015345 Provider Number / Facility ID Number		Address - Facility (Street, City, State, Zip Code) 229 E Capitol Dr Hartland WI 530292105 Telephone Number 262-361-4809		Rule/Statute Number Noncompliance Statement 251.08(4)(b) Driver Orientation - Requirement Description: There was no documentation of a current driver orientation for all designated drivers.		forms are filled out, the information of visit		1/13/26 Completion Date	1/13/26 Verification Date
Date - Regulation Visit 1/13/2026		Correction Plan		Rule/Statute Number Noncompliance Statement		Driver Orientation - Requirement Description: There was no documentation of a current driver orientation for all designated drivers.		1/13/26 Verification Date	