

<b>Date Correction Plan Due</b> 3/7/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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> Grandma's House Early Dev Center		<b>Provider Number / Facility ID Number</b> 5000586035 / 001 - 1015870		
<b>Address - Facility (Street, City, State, Zip Code)</b> 6004 S Elaine Ave Cudahy WI 53110		<b>Telephone Number</b> 414-587-6953	<b>Date - Regulation Visit</b> 2/21/2019	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(8)(b) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: The second provider did not have documentation of training in child abuse and neglect laws, identification and reporting procedures.  Repeat violation: Previously cited on 8/23/2017	PROVIDER WILL GO ONLINE to Complete CLASS	3/21/19	
2	250.05(1)(b)2. <b>Provider Training - Additional Required Provider</b>  Description: The second provider does not have training in Fundamentals in Family Child Care.	ORDERED 2/21/19	3/21/19	

RECEIVED  
STATE OF WISCONSIN

FEB 28 2019

SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

1. Name of the Organization

2. Organization Address

3. Tax Identification Number

4. Principal Officer

5. Date of Incorporation

6. State of Incorporation

7. Fiscal Year

8. Principal Office

9. Other Information

10. Signature of Principal Officer

11. Date

12. Signature of Tax Preparer

13. Date

14. Signature of Taxpayer

15. Date

16. Signature

17. Date

18. Signature

19. Date

20. Signature

Name - Certified Operator / Licensed Center Grandma's House Early Dev Center		Provider Number / Facility ID Number 5000586035 / 001 - 1015870	
Address - Facility (Street, City, State, Zip Code) 6004 S Elaine Ave Cudahy WI 53110		Telephone Number 414-587-6953	Date - Regulation Visit 2/21/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.05(2)(a) Staff Orientation - Documentation  Description: The second provider did not complete orientation before beginning work with children.	2/21/19 Done immediately after Licensur left	2/21/19
4	250.09(4)(f) Infant & Toddler - Provider Handwashing When Diapering & Toileting  Description: The provider did not wash her hands after diapering.	2/21/19 provider washed hands as soon as it was brought to her attention	2/21/19

rules reviewed

NAME - Certification Worker / Licensing Specialist  
Jennifer Brees

Date Issued  
2/21/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Investigation of the activities of the  
individuals listed in the attached list.

On 10/10/95, at New York, New York,  
I, [Name], Special Agent in Charge,  
New York City Office, Federal Bureau of Investigation,  
Department of Justice, conducted an interview of [Name],  
[Address], [City], [State], [Zip].

[Name] was interviewed on 10/10/95 at [Address], [City], [State], [Zip].

[Name] was interviewed on 10/10/95 at [Address], [City], [State], [Zip].

[Name] was interviewed on 10/10/95 at [Address], [City], [State], [Zip].

Witnessed by [Name],  
[Address], [City], [State], [Zip].

Special Agent in Charge,  
New York City Office, Federal Bureau of Investigation,  
Department of Justice.