DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 8/27/2026	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
Grandmas House Cc And Early Dev Ctr	5000586035 / 003 - 2006437

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6039 S Howell Ave Milwaukee WI 532076233	414-522-3472	8/11/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A did not have documentation of current health report on file. Repeat violation: Previously cited on 8/7/2025	Exam now on file	8-11-26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B and Staff C did not have current Child Abuse and Neglect training on file.	Staff B+C are now current and sent to Registry + Copy on file	8-11-26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(gr)3.a. **Meal Prep Personnel - Training** Description: Staff D did not have current food safe training on file.	Staff D Signed up for Renewal of food Safety	12-1-26	
4	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical log book was not reviewed every six months as required.	Med log brought up to date	8-11-26	
5	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: The intake under two forms in the infant room were not updated every six months as required. Repeat violation: Previously cited on 8/7/2025	all intake forms up to date	8-11-26	

NAME - Agency Worker
Joel Marquez

Date Issued
8/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Katrina Kittle Dent

Date Signed
8/19/26