

Name - Certified Operator / Licensed Center My Nannas House Lic		Provider Number / Facility ID Number 9000591669 / 001 - 2006875	
Address - Facility (Street, City, State, Zip Code) 2410 W Capitol Dr Milwaukee WI 532061428		Telephone Number 414-763-0138	Date - Regulation Visit 5/28/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(2)(a)8 Staff Record - Orientation Description: Staff B did not have an orientation on file. Repeat violation: Previously cited on 7/11/2025	Completed	5/29/2026
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not have a current Child Abuse & Neglect training on file; the certificate on file expired in November 2025. Repeat violation: Previously cited on 2/9/2026, 7/11/2025	Completed	7/16/2026

NAME - Agency Worker
Katrina Tarantino, Rhonda Brueggemann

Date Issued
6/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

7/16/2026

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due
6/17/2026

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.

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2410 W Capitol Dr Milwaukee WI 532061428		414-763-0138	5/28/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3. a. Staff Record - Physical Examination Description: Staff A did not have a staff health report on file and has been employed at the center for more than 30 days. Repeat violation: Previously cited on 2/9/2026, 12/15/2025	Staff made appointment with doctor 7/21	7/21/2026
2	251.05(2)(a)5. Staff Record - High School Diploma Description: Documentation of a high school diploma was not observed for Staff B. Repeat violation: Previously cited on 7/11/2025, 9/19/2024	Completed	5/29/2026
			Verification Date
			8/11/2026
			5/29/2026