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| Date Correction Plan Due 2/10/2026 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-930-1148 |
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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.

| Name - Certified Operator / Licensed Center Grey Mansion Day Care | | Provider Number / Facility ID Number 8000557788 / 001 - 531032 | | |
|---|--|---|---|------------------------------|
| Address - Facility (Street, City, State, Zip Code) 110 E Cedar Ave Birchwood WI 548178813 | | Telephone Number 715-354-7039 | Date - Regulation Visit 1/15/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.07(6)(g)1. Hand & Face Washing Description: The provider did not wash children's hands before serving them a snack as is required by rule. This was observed by the Licensing Specialist during the monitoring visit. | <i>That was completely an oversight on my fault as my children always wash their hands throughout the day - but I will make sure they do wash them.</i> | <i>immediately the children will wash their hands before snack after toilet</i> | <i>1/15/26</i> |
| 2 | 250.07(6)(g)6. Handwashing For Persons Working With Children Description: The provider did not wash her hands before handling food and serving a child snack as is required by rule. This was observed by the Licensing Specialist during the monitoring visit. | <i>I will make sure I always wash hands before handling the food I feed the children.</i> | <i>immediately I won't forget to wash my hands.</i> | <i>1/16/26</i> |

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NAME - Agency Worker
Amelia Gruber

Date Issued
1/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Bonnie Wang Li, with the State of Wi.

Date Signed

1/2/26

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Received
State of Wisconsin

FEB 10 2026

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