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| Date Correction Plan Due 11/14/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 920-785-7811 |
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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.

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| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | |
| Play And Grow Learning Center Llc | | 4000584014 / 001 - 1013577 | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit |
| N1673 Municipal Dr Greenville WI 54942 | | 920-757-5662 | 10/28/2025 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 1 | 251.07(4)(e) Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness Description: Cots with sheets failed to be covered when not in use- Sharks, Sting Rays, and Seals. | <i>Sheets were found and given back to rooms. Staff was re-informed of the need to cover cots after stacking cots</i> | <i>11-20-2025</i> |
| 2 | 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Parent medication authorizations were incomplete. Medication intervals and length of authorizations failed to be filled in. Blanket authorizations that exceed the length of time specified on the label are prohibited. | <i>Parents filled out new forms using length of time to be used and completed in total.</i> | <i>11-30-2025</i> |

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N1673 Municipal Dr Greenville WI 54942

920-757-5662

10/29/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Ruth Sprangers

Date Issued
10/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



11/19/2025