

**Date Correction Plan Due**  
5/24/2024

**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)(f) 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**

A Place To Grow Childcare Ctr Llc

4000589274 / 001 - 2003376

**Address - Facility (Street, City, State, Zip Code)**

**Telephone Number**

**Date - Regulation Visit**

3518 W Silver Spring Dr Milwaukee WI 532094036

414-464-7747

5/7/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(2)(L)1.b. <b>Department Notices Posted</b></p> <p>Description: Enforcement dated May 5, 2023 was not posted during the monitoring visit.</p>	<p>ENFORCEMENT DATES WILL BE POSTED FOR REVIEW</p>	<p>5/12/2024</p>	
<p>2 251.04(6)(a)1. <b>Child Record - Enrollment Information</b></p> <p>Description: Child 2 and Child 3 had incomplete authorized persons/emergency contact information available for review on the enrollment form during the monitoring visit.</p> <p>Repeat violation: Previously cited on 4/25/2023</p>	<p>CHILD # 2 &amp; CHILD # 3 HAS BEEN COMPLETED BY PARENTS</p>	<p>5/12/2024</p>	

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3 251.04(6)(a)6. <b>Child Record - Health History</b> Description: Child 2 had an incomplete health history available for review during the monitoring visit.	CHILD # 2 health history has been completed by DORAN	5/12/24	
4 251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b> Description: Child 1 had an expired physical exam on file and is under the age of 2, required every six months.	Child # 1 physical exam completed. Will keep updated.	5/15/24	
5 251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b> Description: According to Staff files and Licensee, Staff B, Staff C and Staff D do not have the required hours of continuing education for the past two years.	STAFF B, C & D continuing ed. will be completed by DEC 31/24	DEC 31/24	
6 251.06(9)(c)1. <b>Safe Food</b> Description: Infant cereal/snacks were opened and dated but were not used within the time frame listed by manufacturer. Repeat violation: Previously cited on 4/25/2023	DATED SNACKS HAVE BEEN REMOVED ACTION PLAN HAS BEEN PUT IN PLACE FOR TIME FRAME LISTED BY MANUFACTURER.	5/12/24	

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7 251.06(9)(f)3. Food - Leftover Prepared Food Description: Leftover food in the refrigerator was not labeled and dated after served.	LEFT OVER FOOD WAS KESSSED AT X TIME OF VISIT ALL FOOD WILL BE LABELED AND DATED AFTER SERVED	5/12/2024	

NAME - Agency Worker

Mindi Sabljak, Rhonda Brueggemann

Date Issued

5/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*[Handwritten Signature]*

Date Signed

*[Handwritten Signature]*