

Date Correction Plan Due 12/4/2024	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 the 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 Grafton Preschool And Childcare Llc		Provider Number / Facility ID Number 9000585939 / 001 - 1015641	
Address - Facility (Street, City, State, Zip Code) 890 Badger Cir Grafton WI 530249436		Telephone Number 262-375-4507	Date - Regulation Visit 11/19/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1 251.06(2)(i) Deteriorating Paint Description: Based upon observation, the paint in the yellow room was deteriorated in areas by the desk, dramatic play, sensory table and white window area. Based upon observation the paint in the green room was deteriorated in areas by the entrance to the room, the green wall by the teachers desk, the science area, and the white wall by circle time. Repeat violation: Previously cited on 10/20/2023	We touched up the paint again. We talked to a paint specialist. He assured us our building is too new for lead paint but let us know it will continue to chip because of the texturing underneath. We will continue to monitor and touchup as needed.	12-12-25	Verification Date

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2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Based upon review, the medical book in the red room was not reviewed in the most recent six months	Corrected day of visit. We added this to our master calander to collect and review <u>3</u> times a year so we never go over the 6 months	11-9-24

NAME - Agency Worker
Amanda Holz

Date Issued
11/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/22/2024