

Date Correction Plan Due 3/27/2025	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.

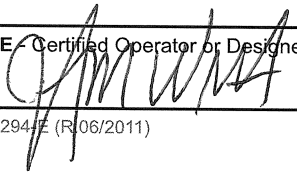
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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.

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 7/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Based upon record review and staff statement, on 07/10/2024 a staff member counted in staff to child ratio did not sign into the Green Room when providing breaks to the two assigned caregivers.	Attendance procedures were reviewed with staff members.	7-2024	
2	251.07(2)(c)3. Time Out - Time Description: Based upon staff statement, a child in care was required to stand on a green tile in the classroom for 3-5 minutes in response to not staying on his assigned carpet square for circle time.	Staff members were removed from classroom duties, and an investigation was done. Staff members in question no longer work here. Positive and appropriate classroom management strategies were reviewed with all staff members at a center staff wide meeting.	7-2024	

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Noncompliance Statement			

NAME - Agency Worker
Amanda Holz

Date Issued
3/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
3-19-2025