

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
2/6/2026

TO FILE A COMPLAINT CALL
920-785-7811

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 12/10/2025
Rule/Statute Number 251.06(2)(gm)	Noncompliance Statement Premises - Well Drained, Clean, In Good Repair Description: Based upon observation, the ceiling drywall portion near the window frames in the orange room and the yellow room were exposed drywall which was dark in color due to water damage.	Correction Plan Dry wall was removed interior inspected. Dry wall replaced and area repainted.	Expected Completion Date 12/10/25
			Verification Date

NAME - Agency Worker
Amanda Holz

Date Issued
1/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
1/29/2026