

Date Correction Plan Due 2/4/2026	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		Provider Number / Facility ID Number	
Grafton Preschool And Childcare Llc		9000585939 / 001 - 1015641	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
890 Badger Cir Grafton WI 530249436		262-375-4507	1/20/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.06(2)(i) Deteriorating Paint</p> <p>Description: Based upon observation the corner of the sheet rock was deteriorated in the purple room exposing the metal guard underneath.</p> <p>Repeat violation: Previously cited on 6/17/2025, 11/19/2024</p>	<p>Corrected at visit</p>	<p>1/20/26</p>	
<p>2</p> <p>251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width</p> <p>Description: Based upon observation a chair was placed in front of the exit in the yellow room for nap time to hold the shade.</p>	<p>Corrected at visit staff was reminded to keep exit clear they thought it was OK as this is not their main exit and there is another exit as well (3 total)</p>	<p>1/20/26</p>	

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3	251.07(4)(cm) Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older Description: Based upon observation the cots in the yellow and blue room were not placed two feet apart.	STAFF was retrained a nap chart was made for each room and this will also be reviewed at our 2/2/26 staff meeting	1/20/26 2/2/26
			Verification Date

NAME - Agency Worker
Amanda Holz

Date Issued
1/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1/29/26