

Date Correction Plan Due 8/5/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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	
A Place To Grow Play And Ed Ctr South		5000587095 / 001 - 2000434	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
27620 75Th St Salem WI 531689530		262-843-4769	7/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.04(7) Confidentiality - Compliance With Statutes & Rules Description: Allergy information was posted and visible in the Owls room.	<i>immediately moved to inside of cabinet and sub-folders</i>	7-16-25
2	251.055(1)(f) Child Tracking Procedure Description: Tracking was not accurate in the Duckling room when 5 children were listed and 4 were present in the room. Repeat violation: Previously cited on 7/10/2024	<i>Corrected immediately discussed with staff and closely monitored by office staff.</i> <i>7-16-25</i>	7-16-25

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Address - Facility (Street, City, State, Zip Code) 27620 75Th St Salem WI 531689530		Telephone Number 262-843-4769	Date - Regulation Visit 7/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: Equipment was observed obstructing an exit in the Duckling room	immediately cleared and spoke with staff monitored closely	7-16-25

NAME - Agency Worker
Colleen Hanser

Date Issued
7/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mary Stoner

Date Signed

7-22-2025

North

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Name - Certified Operator / Licensed Center A Place To Grow Play And Ed Ctr North		Provider Number / Facility ID Number 5000587095 / 002 - 2002404		
Address - Facility (Street, City, State, Zip Code) 27636 75Th St Salem WI 531689530		Telephone Number 262-843-4769	Date - Regulation Visit 7/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: A bottle of ibuprofen was not labeled with a child's name.	<i>Sent the medication home with parent and discussed proper medicine handling</i>	<i>7-16-25</i>	

NAME - Agency Worker
Colleen Hanser

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Mary Stoner

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Center

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Name - Certified Operator / Licensed Center A Place To Grow Play And Edu Ctr - Center		Provider Number / Facility ID Number 5000587095 / 004 - 2005663		
Address - Facility (Street, City, State, Zip Code) 27638 75Th St Salem WI 531689530		Telephone Number 262-843-4769	Date - Regulation Visit 7/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: Documentation for tornado drills was not observed for 2025. Repeat violation: Previously cited on 7/10/2024	Updated forms on <u>7-16-2025</u> aligned with other centers with correct written dates	Done 7-16-25	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Documentation of the medical log being reviewed was not observed in the Finch room.	medical log reviewed on 7-16-2025 Mary Stoner	Done 7-16-25	

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Date Signed

Mary Stoner

7-22-2025