

<b>Date Correction Plan Due</b> 3/19/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Growing Together Child Cr Cntr		<b>Provider Number / Facility ID Number</b> 2000587132 / 001 - 2000489		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3425 Commerce Ct Appleton WI 549118439		<b>Telephone Number</b> 920-733-7008	<b>Date - Regulation Visit</b> 3/5/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(3)(a) <b>Report - Incident Or Accident</b>  Description: The facility did not report to the department, within 24 hours, when a 1 year old child had a choking incident on 1/19/25, and the parent took him to the doctor for treatment.	Call or email when a parent is bringing in a child	3/5/25	
2	251.05(2)(a) <b>Staff Record - Maintenance &amp; Availability</b>  Description: One staff member did not have a staff record in their file - see checklist	staff to fill out sheet	3/7/25	

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3	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: One staff member did not have a completed background check in her file - see checklist.  Repeat violation: Previously cited on 11/21/2023, 9/6/2023	Finished paper copy	1/11/25	
4	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: One staff members did not have a physical in their file after 30days of employment - see checklist.  Repeat violation: Previously cited on 5/3/2024, 11/21/2023	Dr. Apt set for 3/14	3/14/25	
5	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: One staff member did not have an orientation in their file within their first week of employment - see checklist.	Fill out before teacher starts	3/7/25	
6	251.06(4)(a) <b>Fire Extinguishers - Operable, Inspected, Labeled</b>  Description: The fire extinguishers in the building were last tested in November 2023.	Called company to come check	4/17/25	

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**NAME - Agency Worker**  
Jill Kellner

**Date Issued**  
3/5/2025

**SIGNATURE - Certified Operator or Designer / Licensee or Designee**

*Katie Goffard*

**Date Signed**

*4/4/25*