

<b>Date Correction Plan Due</b> 11/26/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
---	--	---

**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>		<b>Provider Number / Facility ID Number</b>	
Growing In Christ Childcare		8000592048 / 001 - 2007272	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
W10271 521St Ave Prescott WI 540217650		651-338-3737	9/2/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>250.04(3)(c) <b>Report - Construction, Remodeling</b></p> <p>Description: The licensee did not report construction or remodeling on the premises prior to 09/02/25, when the licensing representative arrived and observed the kitchen floor was being repaired and/or replaced. Notification of construction or remodeling on the premises that has the potential to affect an area accessible to children is required to be provided in writing before construction or remodeling begins.</p>	<p><i>I sent an email to my licenser 9/4/25 &amp; notify her of the construction for the kitchen floor. Prior to any future construction an email will be sent to my licenser describing the work to be done.</i></p>	<p><i>11/16/25</i></p>

<b>Name - Certified Operator / Licensed Center</b> Growing In Christ Childcare		<b>Provider Number / Facility ID Number</b> 8000592048 / 001 - 2007272	
<b>Address - Facility (Street, City, State, Zip Code)</b> W10271 521St Ave Prescott WI 540217650		<b>Telephone Number</b> 651-338-3737	<b>Date - Regulation Visit</b> 9/2/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
2	250.05(3)(f) <b>Provider Training - Infant &amp; Toddler Care</b>  Description: The licensee did not have documentation of having satisfactorily completed at least 10 hours of Department-approved training in the care of infants and toddlers within six months after becoming licensed or working with children under 2-years of age.	<i>I will enroll in an infant and toddler training course to do this winter.</i>	<i>3/31/26</i>
3	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: The center did not have documentation of having practiced monthly fire and tornado drills. The center shall practice the fire evacuation plan monthly, and the tornado plan monthly from April through October, with the children and shall document when the plans were practiced.	<i>I printed the safety and emergency response documentation form to record monthly fire and tornado drills</i>	<i>9/3/25</i>

**NAME - Agency Worker**  
April Callihan

*April Callihan*

Date Issued  
11/12/2025

*11/15/25*

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

Date Signed