

Date Correction Plan Due 6/10/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Imagination Station Early Learning Center Llc		Provider Number / Facility ID Number 8000592538 / 001 - 2007686		
Address - Facility (Street, City, State, Zip Code) 431 Harvey Dr Plymouth WI 530731041		Telephone Number 920-891-5145	Date - Regulation Visit 5/20/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a) Child Record - Maintenance, Availability Description: Of 8 Children's records reviewed 5 failed to have a file available for review.	Update children's files. Keep in file folder to be kept accessible in main area.	5/29/26	
2	250.04(6)(a)1m. Child Record - Health History Description: Of 3 Children's records available for reviewed 1 failed to have a completed Health History form, page two failed to be completed and signed.	Updated ALL children's files and had parents sign each form.	5/29/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Imagination Station Early Learning Center Llc		8000592538 / 001 - 2007686		
Address - Facility (Street, City, State, Zip Code) 431 Harvey Dr Plymouth WI 530731041		Telephone Number 920-891-5145	Date - Regulation Visit 5/20/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4. Child Record - Physical Exam Description: Of 3 Children's records available for reviewed 2 failed to have documentation of an exam.	request After visit Summaries from all children missing or overdue on documentation	6/2/26	
4	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Of 3 Children's records available for reviewed 1 failed to have documentation of an updated exam every 6 months.	request documentation of physical exam from Parents	6/3/26	
5	250.05(2)(g) Staff File - Orientation Description: Documentation of orientation failed to be available.	Complete New Orientation form	6/2/26	
6	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Documentation of Biennial training failed to be current for one provider.	Take the training on 6/2/26 after center has closed for the day.	6/2/26	

Name - Certified Operator / Licensed Center Imagination Station Early Learning Center Llc		Provider Number / Facility ID Number 8000592538 / 001 - 2007686		
Address - Facility (Street, City, State, Zip Code) 431 Harvey Dr Plymouth WI 530731041		Telephone Number 920-891-5145	Date - Regulation Visit 5/20/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.06(3)(b) Emergency Plans - Practice Description: Monthly emergency plan practices failed to be documented and current, last documented practice was Sept. 2025.	recieved form from licensing specialist. Continue practicing emergency plans plus documenting appropriately	6/2/26	

RECEIVED
VERO - GREEN BAY
JUN 29 2026
DEPT. OF CHILDREN
& FAMILIES

NAME - Agency Worker
Ruth Sprangers

Date Issued
5/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Stephanie Yu

6/10/26