

Date Correction Plan Due 2/16/2024	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 Innovation Station Llc		Provider Number / Facility ID Number 7000584847 / 003 - 2002415		
Address - Facility (Street, City, State, Zip Code) 3289 Endeavor Rd Richfield WI 530769522		Telephone Number 262-622-6262	Date - Regulation Visit 1/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Based upon review on January 25, 2024, Child #1 of the Child Record Checklist did not have an immunization history on file.	<i>Parent will provide immunization history</i>	<i>2/9/24</i>	
2	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Based upon review on January 25, 2024, Child #4 of the Child Record Checklist did not have a current Child Health Report on file.	<i>Parent will provide updated child health Report</i>	<i>2/16/24</i>	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based upon observation on January 25, 2024, there was an authorization to administer medication located in the infant room that did not include administration instructions.	Parent will add administration instructions to med form.	2/9/24

NAME - Agency Worker
Jamie Brandt

Date Issued
2/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
2/5/2024