

P. 001/002

Date Correction Plan Due 3/5/2024	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 Innovation Station Llc		Provider Number / Facility ID Number 7000584847 / 001 - 1014481			
Address - Facility (Street, City, State, Zip Code) 4120 N 128Th St Brookfield WI 530051828		Telephone Number 262-373-0902	Date - Regulation Visit 2/8/2024		
	Rule/Statute Number Noncompliance Statement	Correction Plan	<table border="1"> <tr> <td data-bbox="1524 718 1768 789"> Expected Completion Date </td> <td data-bbox="1768 718 1982 789"> Verification Date </td> </tr> </table>	Expected Completion Date	Verification Date
Expected Completion Date	Verification Date				
1	251.04(6)(a)6m. Child Record - Immunization History Description: No immunizations in reviewed child file	Parents were sent the correct forms to be updated	<table border="1"> <tr> <td data-bbox="1524 789 1768 1032">2/20/24</td> <td data-bbox="1768 789 1982 1032"></td> </tr> </table>	2/20/24	
2/20/24					
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Reviewed child file did not have a physical exam documented for a child under 2 in the previous six months Repeat violation: Previously cited on 6/7/2022	Parents were sent the correct forms to be updated.	<table border="1"> <tr> <td data-bbox="1524 1032 1768 1343">2/20/24</td> <td data-bbox="1768 1032 1982 1343"></td> </tr> </table>	2/20/24	
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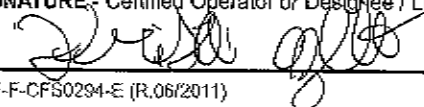
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3	251.06(9)(g)1.b. Meal Preparation Staff - Clothing, Hair Restraints Description: Food prep staff not wearing proper hair restraints as required by rule	Staff members in the kitchen will wear hair nets.	2/20/24
4	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Disinfectant spray required to sit ten minutes by direction. Staff wiped dry immediately	Teachers will let the disinfectant spray sit longer.	2/20/24

NAME - Agency Worker
Paul Spink

Date Issued
2/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
2/20/24