

Date Correction Plan Due
5/12/2026

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 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 4/28/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.05(2)(a)5. Staff Record - High School Diploma Description: Based upon record review, staff B did not have documentation of their high school diploma within the staff file. | Obtain Staff high school diploma for file. | 5.15.20 | |
| 2 | 251.06(2)(a) Potential Source Of Harm On Premises Description: Based upon observation in infant room, mini 2 classroom, and Kindergarten classroom, the heat vent located on the floor were corroded and accessible to children in care. | All vents to be replaced. | 5.8.20 | |

| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | | |
|---|--|--|--------------------------------------|----------------------|
| Innovation Station Llc | | 7000584847 / 003 - 2002415 | | |
| Address - Facility (Street, City, State, Zip Code) 3289 Endeavor Rd Richfield WI 530769522 | | Telephone Number 262-622-6262 | Date - Regulation Visit 4/28/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 3 | 251.06(2)(i) Deteriorating Paint Description: Based upon observation, in Infant 2 and two year old classroom the paint was deteriorated by the door of the classroom | Paint spots to be mudded and sanded. | 4.1.26 | |
| 4 | 251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: Based upon observation in the preschool classroom an exit was obstructed when a white cabinet was placed in-front of it and the exit passageway was less than three feet. | Shelf to be moved to another spot in room. | 4.28.26 | |
| 5 | 251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1 Description: Based upon observation, two cribs in the infant room were touching and set up in a T, not placed end to end as required. | Cribs to be placed end to end. | 4.28.26 | |
| 6 | 251.07(4)(d) Naps Or Rest Periods - Individual Bedding Description: Based upon observation, the cots in the infant nap room were stored without a cover. | Cots to be covered | 4.28.26 | |

| | | | |
|--|--|---|---|
| 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 4/28/2026 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date Verification Date |
| 7 | 251.09(2)(k) Infant & Toddler - Adult-Size Chairs Description: Based upon observation, in infant room one there was on adult chair and two child care teachers present. | Another chair to be brought into classroom. | 5.8.26 |

NAME - Agency Worker

Amanda Holz

Date Issued

4/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amanda Holz

Date Signed

4.29.26