

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10/30/2024

TO FILE A COMPLAINT CALL
608-422-6765

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Imagination Station Llc		Provider Number / Facility ID Number 4000587564 / 001 - 2000938	
Address - Facility (Street, City, State, Zip Code) 52 Means Dr 106 Platteville WI 538183837		Telephone Number 608-642-0247	Date - Regulation Visit 10/9/2024
Rule/Statute Number 251.05(2)(a)3.a.	Noncompliance Statement Staff Record - Physical Examination Description: Staff A did not complete a physical examination and report on a form provided by the department that was completed not more than 12 months prior to nor more than 30 days after the person was hired. Repeat violation: Previously cited on 11/17/2022	Correction Plan Have staff A complete a physical exam report.	Expected Completion Date 10/23/24
			Verification Date

NAME - Agency Worker
Jenny Capener

Date Issued
10/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jenny Capener

Date Signed
10/23/24