

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**Date Correction Plan Due**  
11/3/2025

**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)(c), 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 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**  
10/2/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)6m. <b>Child Record - Immunization History</b> Description: Child 2 did not have immunization history on file.</p>	<p>sent home immunization record for family to fill out requested it to be returned by 11/06/25</p> <p>Added a reminder in our calendar 10/06/25</p> <p>Sent home Dr. Health report for Dr. to fill out. Requested it be returned by 11/06/25</p> <p>Added a reminder in our calendar 10/06/25</p>	10/06/25	
<p>2 251.04(6)(a)8.d. <b>Child Record - Health Exam Report</b> Description: Child 2 did not have a health report on file.</p>	<p>Added a reminder in our calendar 10/06/25</p> <p>Added to our substitute orientation and training to go over the importance of signing all kids in upon arrival. Also reminded all of our current staff at staff meeting.</p>	10/06/25	
<p>3 251.04(6)(b) <b>Current, Accurate Daily Attendance Record</b> Description: In the Infant Room, four children were present but only three child were signed in.</p>	<p>Added a reminder in our calendar 10/06/25</p> <p>Added to our substitute orientation and training to go over the importance of signing all kids in upon arrival. Also reminded all of our current staff at staff meeting.</p>	10/06/25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>100.03(1) - The facility shall ensure that all children are supervised by a certified operator or licensed center employee at all times.</p>	<p>Staff will be trained on supervision requirements.</p>	<p>10/15/25</p>	
<p>100.03(2) - The facility shall ensure that all children are supervised by a certified operator or licensed center employee at all times.</p>	<p>Staff will be trained on supervision requirements.</p>	<p>10/15/25</p>	
<p>100.03(3) - The facility shall ensure that all children are supervised by a certified operator or licensed center employee at all times.</p>	<p>Staff will be trained on supervision requirements.</p>	<p>10/15/25</p>	

**NAME - Agency Worker**  
 Jenny Capener  
**Date Issued**  
 10/20/2025  
**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
*Jenny Capener*  
**Date Signed**  
 10/29/25