

Date Correction Plan Due 4/5/2024	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 Innovative Playhouse		Provider Number / Facility ID Number 9000589919 / 001 - 2004776		
Address - Facility (Street, City, State, Zip Code) 220 Alvina St Green Bay WI 543032417		Telephone Number 920-965-1505	Date - Regulation Visit 3/21/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(c) Current, Accurate Information Description: On February 23, 2024, the licensee submitted information regarding insurance coverage to their department licensing representative via e-mail that was not current and accurate.	Will have a copy of the policy from the new company as soon as it becomes available.	5/1/24	
2	251.04(2)(g)1.a. Insurance - General Liability Description: On March 21, 2024, after several attempts to obtain a current insurance certificate from the licensee the department licensing representative contacted the previously stated insurance carrier directly and was informed the policy information previously shared by the licensee with effective dates of 05/14/23-05/14/2024 had been cancelled by the insurance carrier on December 5, 2023. The licensee has not submitted an updated insurance certificate.	Will have a copy of the new policy as soon as it becomes available.	5/1/24	

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3	<p>251.04(3)(f) Report - Plan Of Correction</p> <p>Description: The licensee has failed to respond and return a plan of correction for violations issued on 11/2/23 to the department by the specified requested date of 11/20/23. Reminder e-mails, phone calls, and an in person visit on 2/20/24 regarding the plan of correction have not resulted in obtaining a completed plan of correction. The licensee did submit a plan on 2/23/24 however; the plan failed to be complete/signed and dated. Additional requests for the plan to be completed correctly have gone unanswered.</p> <p>Repeat violation: Previously cited on 6/8/2023</p>	<p>Copies were given to our Specialist during this visit. Future correction plans will be sent in during the same week that they are issued.</p>	4/22/24

NAME - Agency Worker Ruth Sprangers	Date Issued 3/22/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Beth O'Dill</i>	Date Signed 4-22-24