

Date Correction Plan Due  
6/4/2024

# 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

Young Impressions Inc

Provider Number / Facility ID Number

2000561432 / 001 - 420475

Address - Facility (Street, City, State, Zip Code)

535 Water St Iola WI 54945

Telephone Number

715-445-4444

Date - Regulation Visit

5/16/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

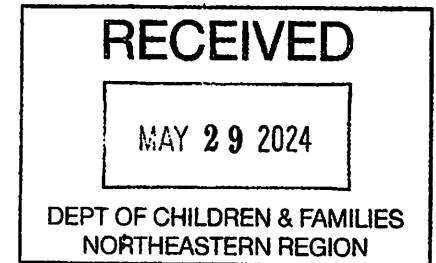
Verification  
Date

1 251.09(1)(m)  
Infant & Toddler - Audio Monitoring

Description: The center had an audio monitoring device, however, the device was not in the same room as the staff member and therefore was inaccessible to them.

*A note will be attached to the monitor reminding teachers to take it with them. The child boards in the 3 upstairs rooms will have a note on them asking "Staff, if you are reading this, do you have the sleeproom monitor with you?"*

*5/24/2024*



NAME - Agency Worker  
Gina Linssen

Date Issued  
5/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kari Mack*

Date Signed

*5/24/2024*