

Date Correction Plan Due	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 Young Impressions Inc	Provider Number / Facility ID Number 2000561432 / 001 - 420475
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Address - Facility (Street, City, State, Zip Code) 535 Water St Iola WI 549459709	Telephone Number 715-445-4444	Date - Regulation Visit 9/22/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.055(1)(f) Child Tracking Procedure</p> <p>Description: Center failed to have an accurate child tracking procedure. A child, under 2, was taken out of one classroom and sent to another for lunch without any tracking being completed.</p>	<p><i>Each classroom will have a Daily Attendance Record vs each floor. Teachers will sign in and out of the classrooms. Children will be signed in and out of their classrooms.</i></p>	<p><i>10/6/2025</i></p>	<p>RECEIVED PRO - GREEN BAY</p>

OCT 17 2025

DEPT. OF CHILDREN
& FAMILIES

NAME - Agency Worker Amie Bodart	Date Issued
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Kari Mack</i>	Date Signed <i>10/13/2025</i>
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