Date Correction Plan Due 9/24/2026	**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		**Provider Number / Facility ID Number**	
Young Impressions Sch Age Care		2000561432 / 003 - 420563	
Address - Facility (Street, City, State, Zip Code) 450 Division St Iola WI 549459629	**Telephone Number** 715-445-4444	**Date - Regulation Visit** 9/8/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(a) **Mandated Reporting - Child Abuse & Neglect** Description: Based on record review on 9/8/26 according to the staff record checklist Staff Member B failed to have biennial child abuse and neglect on file. The staff members training expired in 2026.	Complete Mandated Reporter Course annually vs. biannually to make sure it is up to date.	9/15/26	
2	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Based on record review and interview a staff member who worked for the summer with the center failed to have a complete background check. The staff members eligibility expired in 2019. Repeat violation: Previously cited on 11/20/2024	Put a note on the teacher file cabinet to review new or rehired staff paperwork 10 days after their start date to make sure all forms are completed or that appointments have been made. Follow up on any paperwork due after appointments	9/18/26	

RECEIVED
NERO - GREEN BAY
SEP 22 2026
DEPT. OF CHILDREN & FAMILIES

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Young Impressions Sch Age Care		2000561432 / 003 - 420563	
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.095(2m)(b) **School-Age Care - Supervision Of Children Age 7 And Older** Description: Based on observation on 9/8/26 a four year old child failed to be within sight and sound supervision of a child care worker when the four year old child was able to go use the bathroom by themselves down the hallway.	Since 10/3/25 we have been following the email sent by Amie Bodart. Restarting 9/9/25 when we have 2 staff members I will stay in the room and I will accompany the child to the bathroom. Before the 2nd teacher leaves, when the number of children is at 8 or less, we will have all the children try to go to the bathroom per Cassandra Debauches suggestion.	9/9/25	

NAME - Agency Worker
Cassandra Debauche

Date Issued
9/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kari Mack

Date Signed
9/18/2026