Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/24/2026		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 Inc		2000561432 / 001 - 420475
Address - Facility (Street, City, State, Zip Code) 535 Water St Iola WI 549459709	**Telephone Number** 715-445-4444	**Date - Regulation Visit** 9/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based on record review on 9/8/26 according to the Staff Record Checklist Staff Member C, D, and E failed to have biennial child abuse and neglect on file. The staff members trainings expired in 2026.	Complete Mandated Reporter annually vs biannually to make sure it is up to date.	9/17/2026	
2	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Based on record review on 9/8/26 according to the Staff Record Checklist Staff Member C failed to meet the continuing education requirements for 2025. The staff member had 12 hours of continuing education versus the required 15 hours.	Staff member C will complete 18 hours of CE for the 2026 year. A reminder will be placed on the 1st day of October, that we are open, to check the status of staff CE hours for that year.	9/18/2026	

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

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Young Impressions Inc		2000561432 / 001 - 420475	
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Based on record review on 9/8/26 the main level medical log book failed to be reviewed every six months. The last it was reviewed was January 2026. It should have been reviewed July 2026. Corrected during visit the administrator reviewed the medical log book during visit 9/8/26.	Mark the review dates of both Medical Log books on to the office calendar.	9/18/26	

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