Date Correction Plan Due 6/30/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 262-446-7800

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 RECEIVED Creative Infancy Llc STATE OF WISCONSIN | | | Provider Number / Facility ID Number 7000589647 / 001 - 2004224 | | |
|---|--|---|---|--------------------------------------|----------------------|
| | Address - Facility (Street, City, State, Zip Code) I1109 W Bluemound Rd Wauwatosa WI 532264124 JUN 2 8 2022 | | Telephone Number 414-378-7543 | Date - Regulation Visit 6/15/2022 | |
| | Rule/Statute Number Noncompliance Statement | SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.04(6)(a)1. Child Record - Enrollment Information Description: The health history for child #2 was mino documentation of a health history form on file. | issing. There was | ALL RECORDS WERE Thoursby Reviewed The PARENTS WERE giren The FORMS TO RETURN COMPLETED. | 6-17-22 | |
| 2 | 251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child #2 did not have a current health | n report on file. | ALL RECORPS WILL be Reviewed weekly. | 6-27-22 | |
| 3 | 251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #3 did not have a current health | | ALL RECORDS WILL BE REVIEWED WEEKLY, The PERSON RESPONSIN FOR THIS HAS BEEN REPLACED: | 6-17-22 | |

| Name - Certified Operator / Licensed Center Creative Infancy Llc | | | Provider Number / Facility ID Number 7000589647 / 001 - 2004224 | | |
|---|---|---|---|----------------------|--|
| 8 | ress - Facility (Street, City, State, Zip Code) 09 W Bluemound Rd Wauwatosa WI 532264124 | Telephone Number 414-378-7543 | Date - Regulation Visit 6/15/2022 | | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date | |
| 4 | 251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Staff A, B and C did not have documentation of current Child Abuse and Neglect. Repeat violation: Previously cited on 9/2/2020 | ALL STAFF CONPLETED BIENNIAL TRAING by 6-22-22 This Regularement is NOW POSTED ON FILE CADINET FACE | 6-22-22 | | |
| | 251.05(2)(a)1. Staff Record - Personal Information Description: Staff B did not have documentation of a staff record form on file. Repeat violation: Previously cited on 9/2/2020 | STAFF RECORD - PERSONAL IN FORMATION APDED TO PERSONEL FILE NOTICE ON FRONT OF FILE CABINETS THIS IS REQUIRED OF ALL STAFF | | | |
| 6 | 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have a staff health report on file. Repeat violation: Previously cited on 9/2/2020 | STAFF B FILE WAS LOCATED AND NOW IN FILE | TB FEST SONE 10/18/21 Physical 10/18/21 | / | |
| 7 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, B and C did not have current CPR training in staff file. | ALL STAFF IS TAKING OXI-LINE CPR AND FIRST AID ONLINE ASAD. THE COURSE WILL BE done on PAID TIME. REQUIREMENT POSTED ON FILE | 6-10-22 ALL FINISHED 6-22-22 CABINET FA | <i>e</i> | |

| | | Provider Number / Facility ID Number 7000589647 / 001 - 2004224 | | |
|---|---|--|--|--|
| ress - Facility (Street, City, State, Zip Code) | Telephone Number 414-378-7543 | Substitution of the substi | | |
| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date | |
| 251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff B was working in the infant room, but is only qualified as an assistant teacher. | A FULL TEACHER CONVIDED OR PATRICIA JOINS LENGTH THIS WAS A MISTAKE | 44 | | |
| 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A and C did not have 25 hours of continuing education training in staff file. | We thought 2021 Regul | Rel | | |
| 251.07(5)(a)5.b. Menus - Plan Description: The menu posted was expired. There was no current menu posted. | MENU IN KITCHEN WAS NOT CURRENT. PATRICIA AND STAFF WAS INFORMED TO REPORT THIS, AND TO | 6-27-22 | | |
| 251.07(6)(dm)2. Medical Log - Pages & Entries Description: There was lines skipped throughout the medical log book. Lines can not be skipped. Repeat violation: Previously cited on 6/10/2021 | This WILL be STATED ON A STICKER ON FRONT OF LOG book. This Will be put IN | This WAS corrected inediately 6-15-22 | | |
| • | Noncompliance Statement 251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff B was working in the infant room, but is only qualified as an assistant teacher. 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A and C did not have 25 hours of continuing education training in staff file. 251.07(5)(a)5.b. Menus - Plan Description: The menu posted was expired. There was no current menu posted. 251.07(6)(dm)2. Medical Log - Pages & Entries Description: There was lines skipped throughout the medical log book. Lines can not be skipped. | ative Infancy Lic 7000: ress - Facility (Street, City, State, Zip Code) 39 W Bluemound Rd Wauwatosa Wi 532264124 Rule/Statute Number | ative Infancy Lic ress - Facility (Street, City, State, Zip Code) Pow Biuemound Rd Wauwatosa WI 532264124 Rule/Statute Number Noncompliance Statement 251.05(3)(7).3. Child Care Teacher - Entry-Level Training Description: Staff B was working in the infant room, but is only qualified as an assistant teacher. 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A and C did not have 25 hours of continuing education training in staff file. 251.07(6)(a)5.b. Menus - Plan Description: The menu posted was expired. There was no current menu posted. 251.07(6)(dm)2. Medical Log - Pages & Entries Description: There was lines skipped throughout the medical log book. Lines can not be skipped. Repeat violation: Previously cited on 6/10/2021 Takes Tologo Number of Correction Plan Support Correction Plan Suppor | |

JOEL

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| Name - Certified Operator / Licensed Center Creative Infancy Llc | | Provider Number / Facility ID Number 7000589647 / 001 - 2004224 | | |
|--|---|--|----------------------|--|
| Address - Facility (Street, City, State, Zip Code) 11109 W Bluemound Rd Wauwatosa WI 532264124 | Telephone Number 414-378-7543 | Date - Regulation Visit 6/15/2022 | | |
| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date | |
| 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed every six months. Repeat violation: Previously cited on 6/10/2021 | This was corrected imediately sticker was put or outside cover to Remind us or uppate Rule | 6-15.22 | | |
| 13 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The intake forms in the infant room were not updated every three months. Repeat violation: Previously cited on 9/2/2020 | New STAFE WAS GIVEN PIRECTION TO SPECHECK EVERY WEEK AND REPORT TO SUPERVISOR ON UP DATES | 6-17-22 | | |

NAME - Certification Worker / Licensing Specialist Joel Marquez

Date Issued 6/16/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

6-27-22