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| Date Correction Plan Due 7/16/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 262-446-7800 |
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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 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 6/24/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.04(6)(a)6m. Child Record - Immunization History Description: Child #6 did not have immunizations on file. | <i>We have CONTACTED PARENTS AND ARE IN PROCESS OF OBTAINING RECORD. We have updated OUR CHECKLIST TO PREVENT THIS AGAIN</i> | <i>7-18-2025</i> | |
| 2 | 251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child #3 and #4 did not have current health report on file. Child #6 did not have a health report on file. Repeat violation: Previously cited on 6/20/2024 | <i>OUR RECORD KEEPING HAS BEEN UPDATED. This has been discussed WITH ALL STAFF. PARENTS HAVE ALL BEEN NOTIFIED AND REQUIRED TO PRODUCE RECORDS</i> | <i>7-18-2025</i> | |

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| 3 | 251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #5 did not have a current health report on file. Repeat violation: Previously cited on 6/20/2024 | REVIEW PROCESS HAS BEEN UPDATED. PARENTS HAVE BEEN NOTIFIED TO BRING IN CURRENT HEALTH REPORT | 7-18-2025 | |
| 4 | 251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff A-D did not have documentation of registry certificate on file. Repeat violation: Previously cited on 6/20/2024 | ALL STAFF WILL BE CO-RESPONSIBLE FOR THEIR RECORDS WE NOW WILL WORK TOGETHER ON THIS. | 7-11-25 | |
| 5 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D did not have documentation of of current CPR on file. Repeat violation: Previously cited on 6/20/2024 | THIS STAFF MEMBER HAS A CURRENT CPR CERTIFICATE, SHE HOWEVER DID NOT ADD IT TO HER FILE. WE HAD OVERLOOKED THIS AND WILL REVIEW MORE. | 6-25-25 | |
| 6 | 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A and staff D did not have current Child Abuse and Neglect on file. | STAFF A & D WAS GIVEN DIRECTIVES TO COMPLETE WITHIN 2Wk | 7-11-25 | |

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| 7 | 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff D did not have 15 hours of continuing education training in staff file. | ALL STAFF WILL be INFORMED They Need To REPORT TO US Their CONT EDUCATION Req. EACH QUARTER. | 7-8-25 | |
| 8 | 251.055(1)(f) Child Tracking Procedure Description: The tracking in the toddler room was not accurate. There were 6 toddler and only 5 were tracked in the room. | ALL STAFF HAS BEEN INFORMED OF THE IMPORTANCE OF CORRECT TRACKING | 7-8-25 | |
| 9 | 251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: There was no thermometer in refrigerator in infant room 1. Repeat violation: Previously cited on 6/20/2024 | NEW AN ADDITIONAL REFRIGERATOR WILL be PURCHASED ALONG WITH THERMOMETERS FOR ALL UNITS | 7-10-25 | |
| 10 | 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log book was not reviewed every six months. | MEDICAL LOG WILL be explained TO ALL TEACHERS. THESE WILL be Reviewed QUARTERLY | 7-8-25 | |

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| 11 | 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The intake under two forms in the toddler room were not updated every three months. The intake under two forms in the infant room 2 were not updated every 3 months. | ALL STAFF HAS BEEN INFORMED OF THESE UPDATES. IT WAS NOT KNOWN BEFORE THAT TEACHERS COULD UPDATE | 7-8-25 |

NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
7/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7-11-25

Daniel Wejens

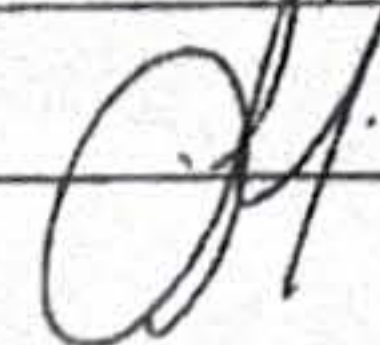
CHILD RECORD CHECKLIST - CHILD CARE CENTERS
CONFIDENTIAL - DO NOT POST

Use of form: Use of this form is voluntary. However, use as a review document by child care centers will help ensure compliance with DCF 250.04(6)(a) and DCF 251.04(6)(a). Licensing Specialists may also use this form during monitoring visits to document compliance with these rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: A check mark indicates the required information is in the child's file. First day of attendance, birthdate, and physical exam date must be entered. If additional space is needed, attach a separate sheet. Family Child Care Centers must use the department-provided forms *Child Care Enrollment* and *Intake for Child Under 2 Years*.

Name - Child Care Center: Creative Infancy Address - (Street, City, Zip Code): _____ Facility ID Number: 3004234

| Name - Child | Birthdate (mm/dd/yyyy) | Date - First day of attendance (mm/dd/yyyy) | Enrollment Information | | | Parental Authorizations | | | | | Health | | Under 2 Intake | | | |
|----------------------|------------------------|---------------------------------------------|---------------------------------------|----------------------------------|------------------------------------------------|-------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------|----------------------|----------------------------|--------------------------------------------------------------|
| | | | Parent / guardian contact information | Child home address and telephone | Persons authorized to call for / receive child | Emergency contact information | Physician / medical facility | Emergency medical care / treatment | Field trip / other off-site activity participation / transportation | Acknowledgement of the presence of pets or animals | Center-provided transportation to and from the center | Alternate arrival / release agreement | Health history information per DCF 250.04(6)(a)1m. or DCF 251.04(6)(a)6. | Immunization history | Date - Child Health Report | Initial (Family Child Care Centers must use department form) |
| 1. Callum Driscoll | 11/4/21 | 2/28/22 | C | C | C | C | C | C | C | C | C | C | C | 5/24 | | |
| 2. Oliver Dannenberg | 5/18/22 | 5/21/22 | C | C | C | C | C | C | C | C | C | C | C | 11/23 | | |
| 3. Mateo Province | 8/13/23 | 10/30/22 | C | C | C | C | C | C | C | C | C | C | C | 10/23 | C | |
| 4. Trey Goulo | 7/10/23 | 10/2/23 | C | C | C | C | C | C | C | C | C | C | C | 10/23 | | |
| 5. Bennett Henrics | 9/16/21 | 9/18/23 | C | C | C | C | C | C | C | C | C | C | C | 3/23 | | |
| 6. Ethen Connelly | 7/18/23 | 10/10/23 | C | C | C | C | C | C | C | C | C | C | C | | C | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |

SIGNATURE - Person Completing Form:  Date Signed: 12/24/25