

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
7/9/2025

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 252.4(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

The Learning Experience Oak Creek 1000592541 / 001 - 2007689

Address - Facility (Street, City, State, Zip Code) Telephone Number
8206 S Anthony Way Oak Creek WI 53154 414-301-4282

Date - Regulation Visit
6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: During monitoring visit, child 1, 5 & 7 did not have a complete health history and emergency care plan in file for review	Children in care have a complete health history and emergency plan.	7/9/25	
2 251.05(2)(a)3.a. Staff Record - Physical Examination Description: During monitoring visit, staff E, F & I did not have a complete staff health report available for review.	All staff have a complete health report.	7/9/25	

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414-301-4282

Date - Regulation Visit
6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(2)(a)8. Staff Record - Orientation Description: During monitoring visit, six staff members did not receive an orientation or have documentation of completion available in file for review.	All staff have completed orientation and have documentation of completion.	7/9/25	

NAME - Agency Worker
Tiara Trammell

Date Issued
7/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/9/25