

**Date Correction Plan Due**  
3/17/2026

**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)(f) 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

The Learning Experience Oak Creek

1000592541 / 001 - 2007689

Address - Facility (Street, City, State, Zip Code)  
8206 S Anthony Wy Oak Creek WI 531542055

Telephone Number  
414-301-4282

Date - Regulation Visit  
3/2/2026

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(9)(a)1. <b>Child Record - Enrollment Information</b>  Description: Child #3 was missing an emergency contact.	CONTACT PARENT FOR MINIMUM OF 1 emergency CONTACT + update paperwork	3/5/26	
2	251.05(2)(a)4. a. <b>Staff Record - Registry Certificate</b>  Description: Staff A is identified as a lead teacher, and Staff B is identified as an assistant teacher, however, their Registry certificates do not reflect those qualifications.	Staff A is working with wired to get her cert to match. Staff B was switched to cook and updated her registry to reflect new training.	3/5/26	

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3 251.05(2)(a)8. <b>Staff Record - Days &amp; Hours Worked</b> Description: There were two staff signed in the Infant A room, but only one staff present.	Retrain staff on signing in front of iPads.	3/5/26	
4 251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b> Description: There was no Abusive Head Trauma training on file for Staff A.	Staff will complete AHT.	3/7/26	
5 251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b> Description: Fire drills were not conducted in February 2026.	Fire drills will be completed monthly.	3/10/26	
6 251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b> Description: Medical log books were observed to have skipped lines; one medical log book contained an entry that was not dated.	Retrained medical log expectations.	3/7/26	

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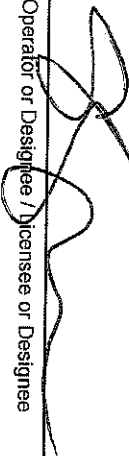
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Several intake under two forms were lacking three month updates.	All intakes will be signed off on every 3 months. Getting our intakes intaked.	3/7/26	

NAME - Agency Worker  
Katrina Taranlino

Date Issued

3/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/5/26