

<b>Date Correction Plan Due</b> 5/15/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Willow Creek Learning Center Inc		<b>Provider Number / Facility ID Number</b> 5000588465 / 001 - 2002271		
<b>Address - Facility (Street, City, State, Zip Code)</b> N79w14845 Homestead Dr Menomonee Falls WI 530517338		<b>Telephone Number</b> 262-250-1455	<b>Date - Regulation Visit</b> 4/29/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.055(2)(b) <b>Staff-To-Child Ratios - Minimum</b>  Description: During the visit, the sea turtles room was not within ratio for a short period of time when there were 11 children to one staff person. The second staff person arrived shortly after the licenser came into the room. Two staff were required to be with the group of two to two and a half year old children.	<i>The teacher was talked to and reminded of the rule. She was told to ask office staff to step in when she needs to leave the classroom.</i>	<i>4.29.25</i>	
2	251.06(2)(b) <b>Electrical Or Hot Surface Protection</b>  Description: A few outlets were missing protective covers in three classrooms. This violation was corrected during the visit.	<i>All outlets were covered during visit</i>	<i>4.29.25</i>	

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3	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: Lines were skipped in the medical log book in the guppies room.	A solid line was marked through the skipped lines during the visit	4.29.25	

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
5/1/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Jenny Kocesch*

**Date Signed**

5.2.25