

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

10/2/2025

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 252.41(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 Years Learning Center Llc
7000589767 / 001 - 2004429

Address - Facility (Street, City, State, Zip Code)
4100 N 16Th St Milwaukee WI 532096915
Telephone Number
414-617-0915

Date - Regulation Visit
9/16/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Child 1 has a documented medical condition, however there is no information in the child record about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.		THE PROVIDER GAVE MOM THE HEALTH HISTORY AND EMERGENCY CARE FORM TO FOLLOW TO INFORM STAFF ABOUT TRIGGERS, WHAT CAUSES THE TRIGGERS WHAT SIGNS AND SYMPTOMS TO LOOK FOR AND IT ALLERGY REACT. ON PRICES WHAT EMERGENCY MEDICAL CARE PLAN SHE WANT US TO FOLLOW. ALL STAFF HAS BEEN NOTICED ABOUT THIS CASE. HOW TO TAKE ALLERGY. BEING WITH REPORT.	09-18-2025	
2 250.04(6)(b) Current, Accurate Daily Attendance Record Description: On 09/16/25, two children had missing departure times listed on the attendance record. These children left early in the morning and did not have departure times documented.		MAKE SURE ALL CHILDREN ARE SIGNED IN AND SIGNED OUT RIGHT AWAY WHEN THEY ARRIVE AND LEAVE THE CENTER.	09-18-2025	

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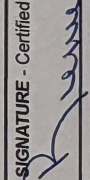
Date - Regulation Visit
9/16/2025

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
3 250.06(11)(b)4. Outdoor Play Space - Enclosure Description: The licensee self-reported remodeling of the outdoor play space with a completion date of 09/09/25. There is no outdoor play space enclosure.	THE OUTDOOR PLAY SPACE WAS SUPPOSED TO BE COMPLETED ON 9-9-2025 BUT DUE TO THE CONTRACTOR HEALTH ISSUES IT WAS DELAYED, BUT COMPLETED ON 9-30-2025, BUT I TOOK THE CHILDREN TO THE NEIGHBORHOOD PLAYGROUND DURING RECONSTRUCTION OF THE PLAY SPACE	9-30-2025	

NAME - Agency Worker
Daniel Noel, Kristin Lange

Date Issued
9/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
09-18-2025