

**INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE
NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)**

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated January 29, 2025 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
 - Do not include confidential information, including the names of children and staff.
 - Write in concise, plain English.
 - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
 - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."
2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.
3. Sign and date the form. Retain a copy for your records.
4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
 - **Email:** tiarra.trammell@wisconsin.gov or
 - **Fax:** (262) 446-7991 or
 - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
BUREAU OF EARLY CARE REGULATION
SOUTHEASTERN REGION
635 N 26th ST

MILWAUKEE, WI 53233

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope .

Contact me if you have any questions.

Date Correction Plan Due 2/5/2025	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 Kyaas Colorful Creations Cc Ctr Llc		Provider Number / Facility ID Number 5000592025 / 001 - 2007253		
Address - Facility (Street, City, State, Zip Code) 4723 W Hoyt Pl Milwaukee WI 532162328		Telephone Number 414-797-8464	Date - Regulation Visit 1/28/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child 2 & 3 did not have emergency contact information listed on enrollment form Child 6 did not have physician information listed on enrollment form Child 1-3 and 5-6 did not have first day of attendance listed on enrollment form	All children enrollment information was updated	2/5/2025	
2	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1-6 did not have immunization records in file for review	Child 1-6 have updated immunization in folders	2/5/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 1-4 did not have an intake under 2 form completed in file for review	Resent forms home to be completed	2/5/2025	
4	251.04(6)(a)8.d. Child Record - Health Exam Report Description: Child 1-6 did not have a health report completed in file for review	New Health exam reports was sent to parents and Was returned.	2/5/2025	
5	251.04(6)(b) Current, Accurate Daily Attendance Record Description: Children in care on monitoring date 1/29 were not signed in on attendance record and record was not found and verified on the premises.	Attendance completed	2/5/2025	
6	251.06(10)(dm)2. Potty Chairs - Disinfected Description: Potty seats were observed full of urine and not dumped and disinfected	Potty chairs will be cleaned and disinfected after every Child is done using restroom	2/5/2025	

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4723 W Hoyt Pl Milwaukee WI 532162328		414-797-8464	1/28/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.06(10)(f) Bathroom Supplies Description: Paper towel was not observed in bathroom for children use	Paper added to bathroom roller	2/5/2025	
8	251.06(9)(d)2.a. Food Storage - Dry Food Description: Cereal was observed in the original bag open and not in food grade containers or zip lock bags and labeled	More food containers and labels are purchased	2/5/2025	
9	251.09(1)(L) Infant & Toddler - Soft Materials In Cribs Description: A blanket was observed inside pack n play in infant room	Blanket removed	2/5/2025	
10	251.09(4)(b) Infant & Toddler - Sinks In Self-Contained Area Description: The sink in infant room was not in use and was out of order for servicing babies.	Work order was put in for sink to get fixed	2/5/2025	

NAME - Agency Worker
Tiarra Trammell

Date Issued
1/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed