e Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/13/2025		

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		Provider Number / Facility ID Number	
Bps Learning Creation		1000591461 / 001	
Address - Facility (Street, City, State, Zip Code) 4608 N 44Th St Milwaukee WI 532185201	**Telephone Number** 414-775-5192	**Date - Regulation Visit** 9/24/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)3.d. **Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.** Description: The operator's CPR has expires as of 6/17/2025. The operator did not obtain and recertify her CPR until 8/19/2025.	CPR will be renew on time, this won't happen again.	10/14/2025	

- Certified Operator / Licensed Center

s Learning Creation

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Provider Number / Facility ID Number	Date - Regulation Visit
4608 N 44Th St Milwaukee WI 532185201	414-775-5192	1000591461 / 001	9/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(1)(b)5. **After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.** Description: The operator did not receive and document receiving at least 5 hours of qualifying continuing education annually.	I will complete and document at least 5hours of qualifying Continuing education each year.	10/14/2025	
3	202.08(2)(ar) **The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.** Description: The basement did not have a smoke detector.	smoke detector is replaced.	10/14/2025	
4	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Nightshades were growing outside in the backyard area, which was accessible to children.	Nighshades is removed.	10/14/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Bps Learning Creation		1000591461 / 001	
Address - Facility (Street, City, State, Zip Code) 4608 N 44Th St Milwaukee WI 532185201		**Telephone Number** 414-775-5192	**Date - Regulation Visit** 9/24/2025
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
5	202.08(4)(e) **The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.** Description: Child #10 did have an record of the immunization history document on file.	Child Immunization History is updated	10/14/2025
6	202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator had a written emergency plan but it only covered fire; a tornado; a flood and was missing the other events of emergencies that the operator will need to take for appropriate actions.	other events of emergencies will be updated.	10/14/2025

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Bps Learning Creation		1000591461 / 001	
Address - Facility (Street, City, State, Zip Code) 4608 N 44Th St Milwaukee WI 532185201	**Telephone Number** 414-775-5192	**Date - Regulation Visit** 9/24/2025	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
7	202.08(4m)(a)1.a-c **An Operator's Emergency Plan Shall Include Procedures For All Of The Following:** **A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down.** **B. Communication And Reunification With Families.** **C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.** Description: The operator emergency plan was incomplete and was missing procedures for relocation, shelter-in-place, and lock-down. b. Communication and reunification with families. c. Ensuring that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions.	I will update the emergency plan to include Procedures for relocation, Shelter-in-place, lockdown, family communication and reunification and meeting the needs of all children	10/14/2025
8	202.08(4m)(a)2. **The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.** Description: The emergency plan was not reviewed periodically and practiced as specified in the plan.	The emergency plan will be reviewed regularly and practiced as outlined to ensure compliance with the specified requirments	10/14/2025
9	202.08(4m)(b) **An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies.** Description: The operator did not have a emergency plan that discussed how she will prevent and response to food and other allergy-related emergencies.	I will create a written plan outlining Procedures to prevent and respond to food and other allergy-related emergencies	10/14/2025

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Bps Learning Creation		1000591461 / 001	
Address - Facility (Street, City, State, Zip Code) 4608 N 44Th St Milwaukee WI 532185201	**Telephone Number** 414-775-5192	**Date - Regulation Visit** 9/24/2025	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
		10/14/2025	

Date Issued
9/29/2025

NAME - Agency Worker
Lou Thao

Date Signed
10/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Chrisshay mcgee