STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

| Date Correction Plan Due | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL |
|---|---|---|
| 10/10/2026 | | 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)(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 | |
|---|---|---|---|
| Kre8tive Kidz Learning Center | | 5000592765 / 001 - 2007886 | |
| **Address - Facility (Street, City, State, Zip Code)** | **Telephone Number** | **Date - Regulation Visit** | |
| 4907 N 60Th St Milwaukee WI 532184153 | 414-616-1644 | 9/24/2026 | |
| **Rule/Statute Number Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
| 1 250.04(2)(L) **Background Check Request Form - Addition To Household**<br>Description: A potential household member, in the home during the visit, did not have documentation of a completed background check on file. | Will run Bgc on all prospects ~~Effective~~ Immediately Moving Forward | 10/28/24 | |
| 2 250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2**<br>Description: Child 2's physical exam was expired when it was completed more than six months prior. | Child 2 NO Longer Attends, Mom Made APP For -12-3-24<br>I Will check files Monthly ~~Instead of~~ Quartly | 10/28/24 | |

| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | |
|---|---|---|---|
| Kre8tive Kidz Learning Center | | 5000592765 / 001 - 2007886 | |
| **Address - Facility (Street, City, State, Zip Code)** | **Telephone Number** | **Date - Regulation Visit** | |
| 4907 N 60Th St Milwaukee WI 532184153 | 414-616-1644 | 9/24/2026 | |

| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 3 | 250.04(6)(a)5.<br>**Child Record - Consent For Emergency Medical Treatment**<br><br>Description: Child 1 did not have documentation on file of consent for emergency medical treatment from the parent. | The proper Document was placed In file 10/7/24, I will check Files Monthly Instead Of quaterly | 10/7/24 turned in 10/28/24 | |
| 4 | 250.05(2)(b)<br>**Staff File - Background Check Results**<br><br>Description: A person observed at the center mowing the lawn did not have documentation of a completed background check on file. This person had access to children in care. | Will run Bgc Immediately Moving forward | 10/28/24 | |
| 5 | 250.06(2)(m)<br>**Premises - Condition & Repair**<br><br>Description: The premises was not maintained in good repair when a broken window well cover was observed in the outdoor play space. | Check property Weekly And report damages Immediately | 10/28/24 Fixed 10/13/24 | |

**NAME** - Agency Worker
Cindy Matuszak

Date Issued
9/25/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee
Dionne K Hall

Date Signed
10/6/2026