DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/27/2025		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
Creative Dreams Childcare		6000591406 / 001 - 2006580
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4585 N 50Th St Milwaukee WI 532185130	414-702-8658	3/7/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: The health history information for children 1 and 2 were missing information regarding triggers, signs and symptoms to watch for, steps the provider should follow, when to call a parent, and when the condition requires medical care.	TO PREVENT RECURRENCE I HAVE IMPLEMENTED A FILE REVIEW CHECK LIST TO ENSURE ALL HEALTH HISTORY SECTIONS	3/12/25	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Children 2 and 3 were missing documentation of immunizations.	TO ENSURE ALL DOCUMENTATION ARE RECEIVED CHILD WILL NOT BE ABLE TO ATTEND UNTO I HAVE ALL DOC	3/12/25	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: The CPR certificate for staff A was expired.	CPR CERTIFICATE CARE CHI UP TO DATE TO ENSURE THAT CHI CERTIFICATES ARE UP TO DATE REMINDERS WILL BE POSTED	3/12/25	
4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff A's training in child abuse & neglect laws, identification, and reporting was expired.	REMINDERS WILL BE POSTED ON TRAINING WILL BE IN CI TRAINING LOG BOOK	3/12/25	
5	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Staff A did not have documentation of 15 hours in continuing education completed in 2024.	ALL TRAINING WILL BE IN LOG BOOK WITH CALENDAR REMINDERS	3/12/25	
6	250.06(11)(b)4. **Outdoor Play Space - Enclosure** Description: The fence in the outdoor play space was damaged and not complete in a few spots.	I WILL CONDUCT ROUTINE INSPECTIONS OF OUTDOOR PLAY SPACE	3/12/25	

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7	250.06(4)(b) **Fire Extinguisher** Description: The fire extiguisher in the home was no longer charged.	FIRE EXTIGUISHER HAS BEEN REPLACED	3/12/25	
8	250.06(9)(j) **Meals & Snacks - Records** Description: The provider did not have records of meals served.	MENUS WILL BE PREPARED TWO WEEKS IN ADVANCE CLICI POSTED ON REFRIGERATOR	3/12/25	
9	250.07(7)(g) **Pets & Animals - Excrement** Description: Dog excrement was observed in the outdoor play space.	talked TO NEIGHBORS	3/12/25	

NAME - Agency Worker
Cindy Matuszak

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
3/12/2025

Date Signed
3/12/25