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
10/29/2026		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
Marie Creative Learning Arts Center	2000592752 / 001 - 2007875

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
9546 W Circle Ct Milwaukee WI 532244614	414-899-8430	10/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250 04(6)(a)4 b **Child Record - Physical Exam - Over 2, Under 5** Description There was no documentation of a current health report for Child 1	I spoken with mom regarding a physical Exam Form need to be done with a current heath report Form was given to mom. for child have an current form	10-21-26	10-21-26
2	250 06(2)(g) **Differences Of Elevation - Protective Railings** Description There is an open staircase to the basement located along the route to the bathroom the children use	The open staircase has an protective child gate at entranee of the stairs.	10-21-26	10-21-26

NAME - Agency Worker
Rhonda Brueggemann, Mindi Sabljak

Date Issued
10/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lisa Tuss

Date Signed
10-21-26