5/1/2023

Name - Certified Operator / Licensed Center

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 262-446-7800

Provider Number / Facility ID Number

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.

Cloverleaf Preschool - Wisconsin Ave	3000583773 / 003 - 2004751		
Address - Facility (Street, City, State, Zip Code) 413 Wisconsin Ave Waukesha WI 531864735	Telephone Number 262-544-1128	Date - Regulation Visit 4/14/2023	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Ver Completion Date	ification Date
251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff A did not have a registry certificate on file.	Staff has contacted Registry. Certificate on it's way.	Immediate	
251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff B does not have documentation of continuing education hours in staff file.	Staft is in process of taking class. She is expecting a baby end of June	Immediate	
251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation for fire drills for March 2023.	Emergency Record updated for Mar and April.	d Immediat	te

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Address - Facility (Street, City, State, Zip Code) 413 Wisconsin Ave Waukesha WI 531864735		Telephone Number 262-544-1128	Date - Regulation Visit 4/14/2023	
413	Rule/Statute Number	All food has been Checked, dated and Sealed	Expected Completion Date Timely a	Verification Date
5	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: There was no thermometer in the refrigerator to rad the temperature.	Thermometer Placed in refrigera	Immedi	ate
6	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed every three months.	New medical/accided in place: New Modern Place: New Modern Page book Ster book Sealed.	ident Immed	iak

NAME - Agency Worker Joel Marquez	Date Issued 4/17/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee OMILIC G. KOSTCAKO -CFS0294-E (R.06/2011)	Page 3 of