

Date Correction Plan Due 5/9/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

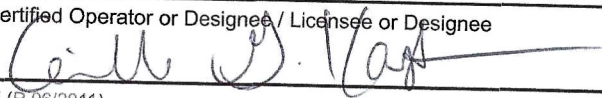
Name - Certified Operator / Licensed Center Cloverleaf Preschool - Wisconsin Ave		Provider Number / Facility ID Number 3000583773 / 003 - 2004751		
Address - Facility (Street, City, State, Zip Code) 413 Wisconsin Ave Waukesha WI 531864735		Telephone Number 262-544-1128	Date - Regulation Visit 4/22/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have a completed a health report on file.	Health report completed and returned to file 4-25-2025	4-25-2025	
2	251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff C did not have 15 hours of continuing education training on file for 2024. Repeat violation: Previously cited on 4/23/2024	Staff C enrolled in continuing education at earlychildhoodwebinars.com	4-29-2025	

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: There were some intake under two forms that needed to be updated every three months.	intake forms completed 4-25-2025	4-25-2025

NAME - Agency Worker
Joel Marquez

Date Issued
4/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
4/29/2025