

Date Correction Plan Due
7/16/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL
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	
Cloverleaf Preschool - Dopp St		3000583773 / 001 - 1013270	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1415 Dopp St Waukesha WI 53188		262-544-1128	6/25/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D did not have current CPR training in staff file. Most current expired 4-2025.	Staff D Completed CPR 6-25-2025	Immediate	
2 251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff A-E did not have 15 hours of continuing education in staff files.	Staff have enrolled in Early education station classes.	7-10-2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: There was chipping paint in room 102. The garbage lid in the 4k room was broken. Repeat violation: Previously cited on 9/25/2023	Rooms were caulked and painted as of 7/11/25 Garbage bin was replaced entirely 7/9/25	7-11-2025 7-9-2025
4	251.06(2)(n) Garbage Containers - Construction & Disposal Schedule Description: The lid on the garbage can in the preschool room was broken.	4 new garbage cans were purchased and delivered 7-1-2025	Replaced 7-2-2025

NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
7/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7-11-2025