

Date Correction Plan Due 3/26/2026	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 Clear Path Childcare		Provider Number / Facility ID Number 6000590936 / 001 - 2006089		
Address - Facility (Street, City, State, Zip Code) 4202 W Silver Spring Dr Milwaukee WI 532093910		Telephone Number 414-526-5244	Date - Regulation Visit 3/5/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(i) Deteriorating Paint Description: Flaking paint on blue wall of the two year old room. Flaking paint accessible to children in care	Blue room is now painted.	3/6/26	
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: Cereal stored open in original package not food safe containers or zip style bags	open cereal has been put in storage containers	3/5/26	

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3	251.07(6)(a) Observation - Symptoms Of Illness Description: Observed injuries to a two year old not documented in medical log book did	Observation of child has been written in medical log book.	3/5/26
4	251.07(6)(g)1. Wiping Bodily Secretions Description: Child observed with bodily secretions dried upon their face in two year old classroom that were not addressed by staff	Staff have been reminded to keep children face clean. Parents have been reminded to keep sick children home.	3/6/26

NAME - Agency Worker
Paul Spink

Date Issued
3/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/23/26