

Date Correction Plan Due 3/30/2026	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 Clouds Of Joy Child Care		Provider Number / Facility ID Number 3000590753 / 001 - 2005900		
Address - Facility (Street, City, State, Zip Code) 3429 N 89Th St Milwaukee WI 532223650		Telephone Number 414-573-9799	Date - Regulation Visit 2/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. Child Record - Enrollment Information - Parent's Names Description: Information regarding the full names of both parents were not observed on file for Child #2.	I will have the parent correct the form and add information regarding the other parents full name	Completed on 2/13/2026	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: A health exam was not observed on file for Child #1.	I will have the parent get the child's health exam faxed over.	Completed on 2/17/2026	

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3	250.05(2)(f) Staff File - Continuing Education Description: Documentation of completed continuing education was not observed on file for Staff A.	Staff A will get continuing education courses from the wisconsin registry.	5/8/2026	
4	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: A current certificate of infant/child CPR/AED training was not on file for Staff A.	Staff A will take a infant/child CPR/AED	Completed on 3/7/2026	
5	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Documentation of complete child abuse and neglect training was not on file for Staff A. The last documented training expired September 2025.	Staff will get complete the child abuse and neglect training.	Completed on 2/12/2026	
6	250.06(11)(b)4. Outdoor Play Space - Enclosure Description: The permanent enclosure was observed with an open area that was greater than 4 inches.	The open area will be replaced.	5/8/2026	

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7	250.06(4)(b) Fire Extinguisher Description: Documentation of the annual fire extinguisher inspection was not observed.	Fire extinguisher will be observed.	Completed on 2/13/2026

Tiisha Harrell

NAME - Agency Worker
Crescenta Sabree, Tiisha Harrell

Date Issued
3/16/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tiisha Harrell

Date Signed
3/30/2026