DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/1/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL

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
C.L.E. Academy	0000591280 / 001

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6524 N 73Rd St Milwaukee WI 532236122	414-243-2146	6/16/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)5. **After Completion Of Preservice Training Under Subd 3., A Child Care Provider Shall Receive And Document Receiving At Least 5 Hours Of Qualifying Continuing Education Annually. Continuing Education Qualifies Under This Subdivision If It Covers Any Of The Topics Listed Under 202.08(1)(B)5. A. Through N.** Description: The operator was not able to provide 5 hours of completed continual education annually for 2024 and 2025 during the recertification visit.	I have a copy on file to be reviewed.	7-18-2025	

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2	202.08(2)(a)3. **The Primary Exit Shall Be A Door Or A Stairway Providing Unobstructed Travel To The Outside Of The Building At Street Or Ground Level.** Description: The primary exit door was obstructed with piles of shoes.	The primary exit door is cleaned and free of any shoes obstructing the exit.	7-18-2025	
3	202.08(2)(ar) **The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.** Description: There were no functioning smoke detector in the living room, the upper level of the home or the basement.	On Each floor level all smoke detectors will be in working condition and funtioning.	7-18-2025	
4	202.08(2)(c) **The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.** Description: Nightshades were growing outside in the backyard area, which was accessible to children. Large, overgrown thistle weeds were growing in the backyard area, which was accessible to children.	I will be mindful of the thistle weeds and nightshades and will keep an eye out if seen i will remove them.	7-18-2025	

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5	202.08(2)(f) **The Premises, Furnishings, And Equipment Shall Be Free From Litter And Vermin, Maintained In A Sanitary Condition, And In Good Repair.** Description: The premises was not maintained in a sanitary condition. Clothing were scattered on the stairs leading to the upper level, piles of shoes obstructed the primary exit door, and varies of items were scatter across the bathroom floor during the recertification visit. Items were stored on the steps leading to the basement, leaving only a narrow walking path. The basement was not maintained in an organized manner, and the designated tornado drill and shelter area was obstructed and unusable.	I cleaned the Areas and there is nothing in the way.	7.18.2025	

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6	202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator did not have a written emergency plan for taking appropriate action in the event of emergencies. including a fire; a tornado; a flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.	I created a thraugh written Emergency Plan and is avaciible to be seen.	7.18.2025	

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7	202.08(4m)(a)1.a-c **An Operator's Emergency Plan Shall Include Procedures For All Of The Following:** **A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down.** **B. Communication And Reunification With Families.** **C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.** Description: The operator did not have an emergency plan which include procedures for all of the following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication and Reunification with Families. C. Ensuring that the needs of all children are met, including children under 2 years of age, children with disabilities, and children with chronic medical conditions.	Operator has an Emergency Plan including Evacuation, Relocation Shelter, Lock down Communication + Reunification with families. Ensuring that the needs of all children are met, including children under 2, children w/ disabilities & children w/ Chronic medical conditions.	7.18.2025	
8	202.08(4m)(a)2. **The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.** Description: The emergency plan was not reviewed periodically and practiced since the operator was unware of nonfunctional smoke detectors on the premises.	The emergency plan will continue to be reviewed periodically and practiced since all smoke detectors on Premise are funtioning.	7.18.2025	
9	202.08(4m)(b) **An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies.** Description: The operator did not have a written plan to prevent and respond to food and other allergy-related emergencies.	The Operator has a Written plan to prevent and respond to food and other allergy-related emergencies.	7.18.2025	

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10	202.08(5)(i) **The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off.** Description: The operator was not able to locate her attendance sheets to be reviewed during the recertification visit.	I will make sure I am able to locate the binder in my file.	7.18.2025	

NAME - Agency Worker
Lou Thao

Date Issued
6/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7.18.2025

DRY ERASE
USE ONLY DRY ERASE PEN
WIPE CLEAN AFTER EACH USE