

Date Correction Plan Due  
12/9/2025

**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 252.4(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

0000587890 / 004 - 2001468

Acclero Learning - Cudahy

Address - Facility (Street, City, State, Zip Code)  
5885 S Packard Ave Cudahy WI 531102615

Telephone Number  
414-482-0101

Date - Regulation Visit  
11/3/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(dm)1. Medical Log Book  Description: The stitches of the binding on the medical log book were not in tact.	<i>New medical log book. Old book has lines through all empty pages.</i>	11/7/25	11/7/25
2 251.07(6)(dm)2. Medical Log - Pages & Entries  Description: There were skipped lines observed in the medical log book.	<i>New medical log book - discussed how to properly fill out the book (met w/teachers + staff).</i>	11/7/25	11/7/25

NAME - Agency Worker  
Kathina Tarantino

Date Issued  
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
11-24-25