

Date Correction Plan Due 8/26/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Falling Star Child Care Llc		Provider Number / Facility ID Number 0000588190 / 001 - 2001822		
Address - Facility (Street, City, State, Zip Code) 3009 Menasha Ave Manitowoc WI 542201627		Telephone Number 920-686-1991	Date - Regulation Visit 7/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(a) Supervision Of Children Description: The center had classrooms too dark during nap time to be able to see the children.	Teachers will raise the blinds to an adequate light amount.	8/12/24	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical logbook in the yellow and red room was not reviewed within the 6-month period it was last reviewed 11/17/23. The medical logbook in the Pod 2 room was not reviewed since before November 2023.	New medical books were issued of Aug 23. Medical logs will be reviews every six months instead of a year. initials will be placed by the date of review.	8/12/24	

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Noncompliance Statement		Completion Date	Date
3	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: The center had a child's medication (Epi pen) on site that had expired January of 2024.</p>	<p>Parent took home .</p> <p>8-12-24</p>	

NAME - Agency Worker
 Jody Boyer

Date Issued
 8/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed 08-12-24