

Date Correction Plan Due 8/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--------------------------------------	--	--

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 7/21/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(b) Supervision - Teacher Per Group Of Children Description: The group of children in the three year old room was not supervised by a child care teacher. The worker was an assistant teacher.	I tried to move her as a sub but there isn't a pull down tab. I am going to keep her as an assistant for the summer.	7/23/25	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Medication authorization expired June 16, 2025 in 4 year old room. Repeat violation: Previously cited on 7/29/2024	Medicine sent home. Never used.		

NAME - Agency Worker
Jessica Farah, Erin Mancoske-Anderson

Date Issued
7/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Stacy Schwepzel

Date Signed

08-06-25