

Date Correction Plan Due
5/22/2025

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 252.41(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

Naturally Gifted Stars Child Dev Ctr Llc

4000592354 / 001 - 2007528

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

2814 W Lisbon Ave Milwaukee WI 532082027

414-702-7533

5/8/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A did not have a completed health report in file for review during monitoring visit	Receive Health report from staff.	5/9/25	
2 251.06(10)(dm)2. Potty Chairs - Disinfected Description: potty chair in bathroom was not disinfected and was observed as unsanitary during monitoring visit	make sure potty chair is wiped and disinfected after every use.	5/9/25	

NAME - Agency Worker

Date Issued
5/15/2025

Tiarra Trammell

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee

4/2/25