Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/10/2026		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
The Goldenstars Childcare	0000592590 / 001 - 2007731

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
3763 N 20Th St Milwaukee WI 532061832	414-587-2591	8/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) **Staff File - Staff Record Form** Description: The staff record form was incomplete for Staff B.	Complete form	10/01/2026	
2	250.05(2)(e)1. **Staff File - Registry Certificate** Description: There was no Wisconsin Registry Certificate on file for Staff B.	Get REGISTRY certificate	11/01/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: The Child Abuse and Neglect training for Staff A was dated 1/22/26. There was no documentation of current Child Abuse and Neglect training available for review.	Complete new training	10/01/2026	08/24/2026
4	250.05(4)(a) **Staff Orientation - Documentation** Description: The staff orientation form for Staff B was not initialed and dated by the staff member.	Complete orientation form	10/01/2026	09/22/2026
5	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: Febreeze and neosporin labelled keep out of reach of children were accessible in the bathroom. Baby wipes labelled keep out of reach of children were accessible in the living room and infant room.	Remove items	08/24/2026	08/24/2026
6	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Scented plug-ins were accessible in each room used for care. Loose cords were accessible in the dining and living room areas. Nightshades were accessible in the outdoor area.	Remove items	08/24/2026	08/24/2026

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.06(7)(a)1. **Exits - Unobstructed** Description: The passageway to and from the primary exit was partially obstructed by a plastic bin. The secondary exit was fully obstructed by a dog kennel.	Remove items	08/24/2026	08/24/2026

NAME - Agency Worker
Deborah Kersting

Date Issued
8/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
09/10/2026