

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
7/16/2025

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 Eve's Shining Stars		Provider Number / Facility ID Number 0000584240 / 001 - 1013859	
Address - Facility (Street, City, State, Zip Code) 3303 N 58Th St Milwaukee WI 532163125		Telephone Number 414-418-9767	Date - Regulation Visit 7/1/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: The Enrollment and Health History forms were incomplete and on incorrect forms for children #1- #4.	Will update the enrollment form with the missing page that was missing will have the parent complete the form for the children to have their file complete.	7/2/25

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DCF-F-CFS0294-E (R.06/2011)

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2	202.08(2)(L) The Premises Shall Have No Flaking, Chipping, Peeling, Or Deteriorating Paint On Exterior Or Interior Surfaces In Areas Accessible To Children. Description: Peeling paint was accessible to children in the outdoor play space.	Will keep children away for any peeling paint will make the areas safe of any peeling paint	7/2/25
3	202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention. Description: The operator's emergency plan did not include information on tornados, extreme outdoor heat or cold, loss of building services, human caused events, allergic reactions, lost or missing children, or a providers situation.	Will update the correction of any form of emergency plan make it accessible to the parents to look over any time	7/2/25

NAME - Agency Worker
Deborah KerstingDate Issued
7/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Deborah Kersting

7/11/2025

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