



STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

### NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
262-446-7800

Date Correction Plan Due  
10/9/2025

**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)(f), 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. 48.557. 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**  
Superstars Kidz Daycare LLC  
**Address - Facility (Street, City, State, Zip Code)**  
8057 W Appleton Ave Milwaukee WI 53218

**Telephone Number**  
414-616-1175

**Provider Number / Facility ID Number**  
3000582143 / 002 - 2002622

**Date - Regulation Visit**  
9/10/2025

**Correction Plan**

**Expected Completion Date**  
9.30.25

**Verification Date**

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 261.06(2)(gm) <b>Premises - Well Drained, Clean, in Good Repair</b>	Description: Flooding in the basement of the center was reported to the Department. The center was temporarily closed as a result of the flooding and reopened on 09/01/25. During the monitoring visit on 09/10/25, there was a musty odor in the basement and it was reported that there is still mold in the basement. Repeat violation: Previously cited on 1/27/2025, 4/29/2024, 11/1/2023	Basement has been well cleaned and repaired, cleaned and in good repair. Basement has also been of mildew and musty smell 9/30/25 all work will be completed.	9.30.25	

NAME - Agency Worker  
Daniel Noel

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*[Handwritten Signature]*

Date Issued  
9/24/2025

Date Signed  
9.29.25