

ATTACHMENT "C"

<b>Date Correction Plan Due</b> 9/18/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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** Little Starr's Childcare  
**Provider Number / Facility ID Number** 9000587469 / 002 - 20017745

**Address - Facility (Street, City, State, Zip Code)** 1575 S 81st St West Allis WI 532144519  
**Telephone Number** 414-212-8754  
**Date - Regulation Visit** 8/14/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(1)(a) Licensed Capacity	Description: The program had 7 infants, 11 preschoolers and 13 school-agers in attendance. The program's capacity is 25 children.	Dropped kids	8/26/24	
2 251.04(2)(L)1.b. Department Notices Posted	Description: The orders letter issued to the program on 4/4/2024 was not posted.	Posted	9/18/24	

Name - Certified Operator / Licensed Center  
Little Starr's Childcare

Provider Number / Facility ID Number  
9000587469 / 002 - 2001745

Address - Facility (Street, City, State, Zip Code)  
1575 S 81st St West Allis WI 532144519

Telephone Number  
414-212-8754

Date - Regulation Viol  
8/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication  Description: A two year old child slipped off of a chair and bumped their head on a table during the monitoring visit. The child's parent was not notified of the head injury.	<del>Completed</del> State came in as lunch was finishing up and nap - very chaotic seen the child slip from chair didn't see him hit his head, formally inform staff Completed	9/18/24	
4 251.05(3)(c) Cardiopulmonary Resuscitation Training  Description: Staff A did not have up-to-date training in CPR training completed in the past two years.  Repeat violation: Previously cited on 3/27/2024	Completed	9/18/24	
5 251.05(3)(cm) Child Abuse & Neglect - Biennial Training  Description: Staff B did not have current training in child abuse and neglect prevention.  Repeat violation: Previously cited on 3/27/2024, 2/1/2023	Completed	9/18/24	

Name - Certified Operator / Licensed Center

Little Starr's Childcare

Address - Facility (Street, City, State, Zip Code)  
1575 S 81st St West Allis WI 532144519

Provider Number / Facility ID Number  
9000587469 / 002 - 2001745

Telephone Number  
414-212-8754

Date - Regulation Visit  
8/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6 251.055(1)(f) Child Tracking Procedure Description: Tracking was not accurate at the time of the visit. Six children were in the infant/toddler classroom, but a seventh was marked in on the tracking form. The seventh children returned to the classroom partially through the visit. Repeat violation: Previously cited on 8/30/2023	will make tracking pieces to infant side	10/1/24	
7 251.06(11)(b)8. Outdoor Play Space - Prohibited Surfaces Description: A small climber was observed on asphalt.	Children use it as 'drive thru' will move to grass	9/30/24	
8 251.06(11)(b)3. Outdoor Play Equipment - Construction, Condition Description: The outdoor play space contained broken toys and equipment, including a riding toy and a slide removed from the climber.	Broken toys were thrown away Slide put back on climber	9/30/24	
9 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: There were cleaners accessible in a cabinet under the sink in the infant/toddler room. The locking mechanism on the door was broken at the time of the visit.	Fixed locked cabinet	9/18/24	

Name - Certified Operator / Licensed Center

Little Starr's Childcare

Address - Facility (Street, City, State, Zip Code)  
1575 S 81st St West Allis WI 532144519

Provider Number / Facility ID Number  
9000587469 / 002 - 2001745

Telephone Number  
414-212-8754

Date - Regulation Visit  
8/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10 251.06(2)(n) Garbage Containers - Construction & Disposal Schedule Description: The outdoor garbage can was overflowing and tipped over. This allowed garbage to be accessible in the play area. Repeat violation: Previously cited on 3/27/2024	Fixed	9/18/24	
11 251.06(3)(b)2. Emergencies - Practice Written Plans Description: Licensee reported that emergency drills not practiced since May 2024.	Posted	9/20/24	
12 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: A written record of emergency drills was not available for review.	off Posted	9/20/24	
13 251.06(4)(m)1. Fire Alarms & Smoke Detectors - Drills Description: There was no record demonstrating that fire drills have been completed. The licensee reported that drills were not completed since May 2024.	Posted	9/20/24	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number  
9000587469 / 002 - 2001745

Little Starr's Childcare

Telephone Number  
414-212-8754

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

Date - Regulation Visit  
8/14/2024

1575 S 81st St West Allis WI 532144519

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

14 251.06(4)(m)2.  
Fire Alarms & Smoke Detectors - Testing

Tested

9/20/24

Description: The licensee reported that fire system was not tested since May 2024.

15 251.06(7)(a)  
Indoor Space - Square Footage Per Child

Dropped children

9/20/24

Description: The program exceeded their maximum capacity and therefore did not have adequate space per child.

16 251.09(1)(c)  
Infant & Toddler - Documenting Changes In Development

will update

10/15/24

Description: An Under Two Intake form was not updated within the past three months. Previous update took place in March 2023.  
Repeat violation: Previously cited on 2/1/2023

17 251.09(3)(a)2m.  
Infant & Toddler - Correct Food, Breastmilk, Or Formula

will label all bottles and cups - All children have their own style bottle -

10/30/24

Description: An infant was fed from an unlabeled bottle in the infant/toddler classroom.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number  
9000587469 / 002 - 2001745

Little Starr's Childcare

Telephone Number  
414-212-8764

Address - Facility (Street, City, State, Zip Code)  
1575 S 81st St West Allis WI 532144519

Date - Regulation Visit  
8/14/2024

Rule/Statute Number  
Noncompliance Statement

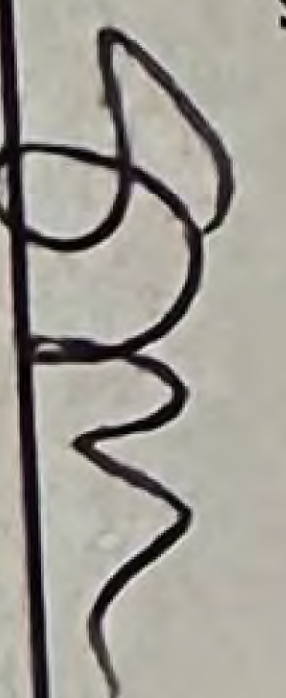
Correction Plan

Expected  
Completion Date

Verification  
Date

--	--	--	--

NAME - Agency Worker  
Sarah Stormont



9/12/24

Date Issued  
9/4/2024  
Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee