DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/19/2026		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
Little Starr's Childcare		9000587469 / 002 - 2001745
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1575 S 81St St West Allis WI 532144519	414-212-8754	9/29/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(a) **Potential Source Of Harm On Premises** Description: There was a broken scooter in the outdoor play space, There was a refrigerator door sitting in the outdoor play space.	Thrown away	9/29/26	
2	251.06(2)(b) **Electrical Or Hot Surface Protection** Description: The outlet near the bathroom did not have a cover.	covered on the same day	9/29/26	
3	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: There was paint near the door to exit to the play space.	moved to Basement	9/29/26	

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Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
4 251.06(7)(b) **Indoor Space - Storage** Description: The cots at the center were not covered.	Added a cover	10/1/26	
5 251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical log book was not reviewed every six months as required. Last time it was reviewed was February 25, 2026. Repeat violation: Previously cited on 2/25/2026	Reviewed during visit	9/29/26	
6 251.08(5)(b) **Vehicle Inspection Report** Description: The Nissan Armada did not have a current vehicle inspection report. Repeat violation: Previously cited on 2/25/2026	~~Was~~ A copy was at Shop emailed to Joel 9/29/26	9/29/26	

NAME - Agency Worker
Joel Marquez, Laura Taylor

Steven McDonald

Date Issued
10/5/2026

10/6/26
Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee