

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education**NONCOMPLIANCE STATEMENT AND CORRECTION  
PLAN**TO FILE A COMPLAINT CALL  
262-446-7800Date Correction Plan Due  
10/23/2025

**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		Provider Number / Facility ID Number	
All Star Learning Academy		4000590014 / 001 - 2004718	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2206 W Center St Milwaukee WI 532061614		414-306-3241	10/2/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: The premise was not maintained clean and in good repair at the time of licensing visit. Rips were observed in the carpet throughout the facility, posing tripping hazards. A ceiling vent was hanging down in the middle classroom, exposing the area above the ceiling tiles.  Repeat violation: Previously cited on 10/17/2024	The premises will continue to be clean and in good repair. Rips have been repaired as well as hanging ceiling vent and tile.	10.11.25	
2 251.06(2)(p)1.a. <b>Radon - Testing</b>  Description: Facility lacked documentation of a radon test being conducted.	Radon test have been completed a waiting results will send in ASAP upon arrival	10.10.25	

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3	251.06(9)(d)1.d. <b>Food Storage - Covering Refrigerated Food</b>  Description: Food in the kitchen refrigerator was not covered at the time of licensing visit. An open bag of hamburgers and an open container of yogurt were observed, uncovered, in the refrigerator. Items were corrected during licensing visit.	Foods in refrigerator Will be properly covered	10.2.25	
4	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The center medical log books lacked documentation of reviews being completed within the past six months, to ensure all possible preventive measures.  Repeat violation: Previously cited on 10/17/2024	Medical log entries Will be recorded as need moving forward	10.3.25	

NAME - Agency Worker  
Kayla Sands

Date Issued  
10/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Nerasha Owens*

Date Signed

10.16.25