DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/22/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 262-446-7909

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 252.47(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	
Star Garden Daycare		1000593381 / 001 - 2008414	
Address - Facility (Street, City, State, Zip Code) 2012 S 11Th St Milwaukee WI 53204	**Telephone Number** 414-514-0959	**Date - Regulation Visit** 6/30/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1 250.04(6)(a) **Child Record - Maintenance, Availability** Description: There was no file for children # 1 and #2.	se completaron y organizaron los expedientes de los niños 1 y 2 y ahora se mantiene en el centro segun lo requiere la normativa. En adelante todos los documentos requeridos estaran completos	09/07/2026	6/30/26
2 250.04(6)(a)1m. **Child Record - Health History** Description: The health history form was incomplete for child #1 and #2.	se complataron los formularios de historial de salud de los niny 1 y 2 en el futuro, se verificara que todos los formularios de salud esten completos antes de aceptar a un niño en el programa para cumplir la normativa	09/07/2026	6/30/2026

CFS2294-E (R.06/2011)

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3	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: There were 8 children in care and only two children were signed into the attendance records.	se actualizo el registro de asistencia para incluir a todos los niños presentes. A partir de ahora, cada niño será registrado al momento de su llegada y salida y la asistencia sera rivisada diariamente para asegurar que coincida con el numero de niños	7/9/26	30/6/26
4	250.07(4)(cm) **Naps - Sleep Surface - Child Under 1 Year** Description: There were two infants in care and only one pack-n-play for the children to sleep in.	se obtuvo un segund pack n play aprobado para cada bebé menor de un año tenga su propia superficie de descanso sugura. en el futuro se verificara que haya una cuna disponible para cada bebe antes de aceptar su cuidado	7/9/26	30/6/26

Date Issued
7/8/2026

NAME - Agency Worker
Joel Marquez

Date Signed
7/9/26

SIGNATURE - Certified Operator or Designee / Licensee or Designee