

<b>Date Correction Plan Due</b> 7/17/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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**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 certifiers / 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.

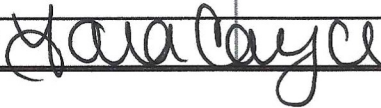
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 fact arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

<b>Name - Certified Operator / Licensed Center</b> Shining Stars Preschool Cc Ctr Llc	<b>Provider Number / Facility ID Number</b> 8000566508 / 001 - 1000221
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<b>Address - Facility (Street, City, State, Zip Code)</b> 3900 Cedar Ct Green Bay WI 54313	<b>Telephone Number</b> 920-865-3900	<b>Date - Regulation Visit</b> 4/29/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(2)(c) <b>Current, Accurate Information</b></p> <p>Description: On 4/24/24, a center representative failed to give accurate information to parents, staff and to the licensing specialist regarding the certification of an alleged emergency responder who went on site and responded to an incident where a child had potentially ingested medication.</p> <p>Repeat violation: Previously cited on 2/21/2024</p>	<p>We knew that the person had some training and served as a volunteer. we did not understand the different levels of training. We will educate staff on different levels at next meeting.</p>	7/18/24	
2	<p>251.04(4)(a)2. <b>Parent Notification</b></p> <p>Description: On 4/24/24, the center failed to immediately contact parents regarding a possible ingestion of a medication in the toddler room.</p>	<p>Parent was notified of incident. Staff had a meeting on how &amp; when to call parents on incidents.</p>	5/23/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
NAME - Agency Worker Jody Beyer		Date Issued 7/3/2024	
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Date Signed	