

Date Correction Plan Due 3/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 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 Shining Stars Child Care		Provider Number / Facility ID Number 3000587693 / 002 - 2003172		
Address - Facility (Street, City, State, Zip Code) 1017 Laurel St Marshfield WI 544491770		Telephone Number 715-898-2220	Date - Regulation Visit 2/27/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A does not have documentation of current certification in CPR with training in the use of an AED.	<i>All staff will have CPR by</i>	<i>3/14/2024</i>	
2	251.06(2)(i) Deteriorating Paint Description: There is flaking and deteriorating paint on both decks and railings, as well as the climber in the outdoor space. Repeat violation: Previously cited on 8/21/2023	<i>will be painted by springtime</i>	<i>4/20/24</i>	

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3	251.06(2)(p)1.b. Radon - Testing, Current Providers Description: Center did not provide proof of radon testing.	Test has been completed waiting for results. @ 2/4/24 submitted to Radon.	3-15-2024
4	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The freezer Nursery 1 classroom and the two freezers in the kitchen storage area did not have working thermometers.	thermometers have been purchased and put in place of all refrigerator freezer by 3/12/24	3-13-24
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child 1 had an inhaler on site without parent authorization for administration. Child 2 had acetaminophen on site without parent's authorization for administration.	Child 1 now has authorization for inhaler Child 2 - now has authorization on file for plain release	

NAME - Agency Worker
Tiisha Harrell, Kirsten Kronberger

Date Issued
3/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Deborah Decker

3/12/2024