

Date Correction Plan Due 10/23/2025	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 10/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) Report - Incident Or Accident Description: A self-reported incident occurred on 09/19/25 when child injury resulted in a medical evaluation. The child care center was informed to provide written notice of the incident within 5 business days per reporting requirements. On 09/23/25 an email reminder was sent to child care center. As of 10/08/25 written notification with details has not been received. Repeat violation: Previously cited on 10/8/2024	state was notified w/in 24 hours and written notice will always be sent to state within 5 days Sheet will be completed with information the center has received by child's family	11/20/25	

NAME - Agency Worker

Heather Struck

Deborah Becker

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued

10/8/2025

Date Signed

11/20/25