

Date Correction Plan Due
2/21/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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 Knights Academy

Provider Number / Facility ID Number

4000591004 / 001 - 2006159

Address - Facility (Street, City, State, Zip Code)

5256 N 38Th St Milwaukee WI 532094767

Telephone Number

414-212-8922

Date - Regulation Visit

1/11/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: The attendance was not current and accurate. Three children were present, but only 1 child was listed on the attendance.</p>	<p>All children will be check in upon arrival I will double check to make sure all children are check at all times</p>	2/20/24	
2	<p>250.05(3)(e)2. Provider Training - Current Cpr Certificate</p> <p>Description: Current CPR/AED training by a DCF approved trainer was not observed on file for Staff B.</p>	<p>Current CPR will be check on each employee and verified it meets DHS requirements</p>	2/20/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.055(1)(L) Procedure - Number, Names, Whereabouts Known At All Times Description: The tracking procedure was incomplete. Two children were missing from the tracking procedure.	All children will be check in upon arrival. (upon)	2/20/24	
4 250.06(9)(e) Leftover Food Description: Leftover prepared food was observed not covered and dated.	All members ^{and employees} of household are aware all food must be labled and covered. I will confirm daily	2/20/24	
5 250.09(1)(c)2. Infant & Toddler - Crib & Playpen Mattresses Description: Playpen mattresses and sheets were not observed tight fitting.	Straps were ordered to ensure a tight fit. Daily checks, will be completed	3/1/24	

NAME - Agency Worker
Crescenta Sabree

Date Issued
2/6/2024

SIGNATURE - Certified Operator / Licensed Center