

<b>Date Correction Plan Due</b> 5/16/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Shannon's Daycare		<b>Provider Number / Facility ID Number</b> 5000581015 / 001 - 2003375	
<b>Address - Facility (Street, City, State, Zip Code)</b> 155131 South Rd Mosinee WI 544557577		<b>Telephone Number</b> 715-571-4409	<b>Date - Regulation Visit</b> 4/10/2025
<b>Rule/Statute Number Noncompliance Statement</b>		<b>Correction Plan</b>	
1	250.05(2)(b) <b>Staff File - Background Check Results</b>  Description: On 04/10/2025, Staff A, who was acting as a caregiver, did not have a DCF approved background check and eligibility to work as a caregiver.	Have background checks done	5/31/25
2	250.055(2)(a) <b>Maximum Number Of Children In Care Of The Center</b>  Description: On 04/04/2025, nine children were in care of the center. On 04/10/2025, ten children were in care of the center. The provider admitted that on a weekly basis, there are more than eight children in care of the center.	Only have 8 children max in care per day	5/31/25

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DCF - NRO

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Address - Facility (Street, City, State, Zip Code) 155131 South Rd Mosinee WI 544557577		Telephone Number 715-571-4409	Date - Regulation Visit 4/10/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.055(2)(b) <b>Maximum Number Of Children In Care Of The Provider</b>  Description: On 04/04/2025, nine children were in care of one provider, including five children under the age of two and four children over the age of two, requiring a second provider.  Repeat violation: Previously cited on 6/21/2023	Have a second provider when needed for ratio and only 8 children max in care per day.	5/31/25

NAME - Agency Worker  
Bonnie Davis, Dezarae Wierzba

Date Issued  
5/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Shannon Lemma Pelot*

Date Signed

5/9/25