

Received

MAY 30 '26

DCF - NRO

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 6/10/2026	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 Shannon's Daycare		Provider Number / Facility ID Number 5000581015 / 001 - 2003375		
Address - Facility (Street, City, State, Zip Code) 155131 South Rd Mosinee WI 544557577		Telephone Number 715-571-4409	Date - Regulation Visit 5/26/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) Staff File - Staff Record Form Description: Staff C did not have a staff record form on file. Repeat violation: Previously cited on 8/27/2024	Print and have employee fill out	8/31/2026	
2	250.05(3)(f) Provider Training - Infant & Toddler Care Description: Staff C and Staff D did not complete infant and toddler training within 6 months of starting at the center.	Will find a class for employee to take or change their position.	8/31/2026	

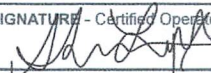
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3	250.07(6)(b)2. Medical Log Book - Pages And Entries Description: Providers have not been initialing or signing names at the end of entries made in the medical log book.	As I only write in the log book I will start signing	5/27/2026	
4	250.07(6)(b)3.b. Medical Log Book - Injuries Received In Care Description: Provider has not been documenting the time that an injury occurred in the medical log book.	As I only fill out medical log I will start putting in the time the insodent happens	5/27/2026	
5	250.07(6)(g)6. Handwashing For Persons Working With Children Description: Per interview with provider, she admitted to only using sanitizer on her hands after wiping children's noses.	We will start washing our hands every time we wipe a nose of a child indoors	5/27/2026	
6	250.09(4)(b) Infant & Toddler - Diaper Changing Surface - Disinfection Description: Provider has not been following the contact time on the disinfectant bottle when cleaning diaper changing surfaces.	I am looking into a different disinfectant with a shorter time to start using	8/31/2026	

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NAME - Agency Worker
Bonnie Davis, Amanda Foley

Date Issued
5/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
5/27/2026