DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due

8/22/2023

SEP 14 23

NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
PLAN	715-361-7700

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 police of the sanction and / or penalty and your appeal rights.

notic	e of the sanction and / or penalty and your appeal rights.				
Name - Certified Operator / Licensed Center		Pri	Provider Number / Facility ID Number		
Shannon's Daycare Address - Facility (Street, City, State, Zip Code) 155131 South Rd Mosinee WI 544557577 Telephone Number 715-571-4409		50	5000581015 / 001 - 2003375		
			Date - Regulation Visit 6/21/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	250.04(6)(b) Current, Accurate Daily Attendance Record	Move Sign in Sheet to sign as kids wall	\$-14-23		
	Description: Only six of the eight children in care were signed in at the time of the visit.	to sign as kids wall			
	Repeat violation: Previously cited on 12/6/2022, 6/22/2022	1//			
2	250.055(2)(b) Maximum Number Of Children In Care Of The Provider	Hire afulltime second Provider	8-14-23		
	Description: Two children under two years and six children over the age of two years were in care of the Staff A.	1100101			
	Repeat violation: Previously cited on 2/6/2023, 6/22/2022				

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Nam	e - Certified Operator / Licensed Center			Provide	er Number / Facility ID Nur	nber
Shannon's Daycare		5000581015 / 001 - 2003375				
Add	Address - Facility (Street, City, State, Zip Code) Telephone Number				Date - Regulation Visit	
155	131 South Rd Mosinee WI 544557577		715-571-4409		6/21/2023	
_	Rule/Statute Number		Correction Plan		Expected	Verification
	Noncompliance Statement		Correction Flan		Completion Date	Date
3	250.06(3)(b) Emergency Plans - Practice					
	Description: Documentation of the practiced fire a	nd tornado drills	"trint out an	d	8-14-23	
	could not be located.		Print out an keep doing ever month	4		
4	250.07(2)(b)2.c. Time-Outs - Time Description: Staff A placed Child 1 on time-out in ta timer for five minutes on the microwave because child was five years old. She then remembered the changed the timer to four minutes.	he kitchen. She set e she thought the e child was four and	Take Chairs out and no more Timeou	tt.	8-14-23	
5	250.07(2)(b)2.d Time-Outs - Not Isolated Description: Child 1 was removed from the group a time-out in the kitchen on a "time-out" chair.	and placed on	Talk to the that them that sit them or make feel is	Kiols down plated	8-14-23	
				Elizabeth State		

NAME - Agency Worker Dezarae Wierzba, Heather Struck	Date Issued 8/8/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Shannonlemma	8-10-2023