

<b>Date Correction Plan Due</b> 1/23/2026	<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>		<b>Provider Number / Facility ID Number</b>		
Annie's Daycare Llc		5000590975 / 001 - 2006432		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
7585 S County Road K Merrill WI 544527927		715-218-5532	1/8/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.07(6)(h)3. <b>Sharing Towels And Utensils</b>  Description: Children have been sharing towels when drying off their hands in the upstairs bathroom.	I will put papertowels in the upstairs bathroom to use instead of the towel. I will check the paper towels weekly to make sure they remain and are being used.	01/17/2026	
2	250.09(1)(c)1. <b>Infant &amp; Toddler - Information For Providing Individualized Care</b>  Description: Child 5 did not have a completed Intake Under 2 Form on file.	I completed the form and added it to child's file. I will check childrens' files monthly, to ensure forms are up-to-date and present.	01/08/2026 (already completed)	

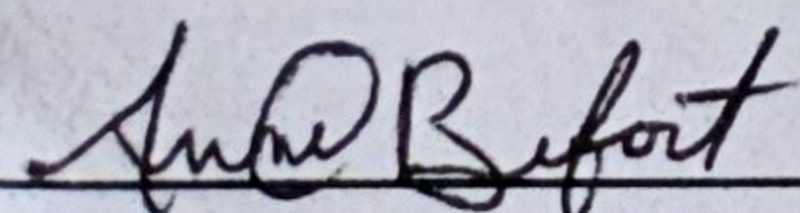
**NAME - Agency Worker**  
Bonnie Davis, Brooke Lampe

**Date Issued**  
1/9/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

01/14/2026

  
DCF-F-CFS0294-E (R.06/2011)