

Date Correction Plan Due 11/27/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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)(l) 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		Provider Number / Facility ID Number		
Montessori Children's House Inc		1000557211 / 001 - 420678		
Address - Facility (Street, City, State, Zip Code) 1907 N 20Th St Sheboygan WI 53081		Telephone Number 920-458-0510	Date - Regulation Visit 11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)8.d. Child Record - Health Exam Report</p> <p>Description: Based upon record review, a child enrolled in care did not have a current child health report on file.</p> <p>Repeat violation: Previously cited on 4/12/2023</p>	<p>Updated health form</p>	<p>Appt 12-11-24</p>	
2	<p>251.055(1)(a) Supervision Of Children</p> <p>Description: Based upon observation, two children left the 3-6 year old classroom and went to the bathroom, leaving the sight and sound supervision of the staff members in the classroom.</p> <p>Based upon observation, a child was located in the bathroom by the teacher, who was aware of the child's whereabouts, the child left sight and supervision within the classroom to use the bathroom.</p>	<p>Children are now to the bathroom with a teacher</p>	<p>11-13-24</p>	

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3	251.06(2)(i) Deteriorating Paint Description: Based upon observations the paint below the bulletin board in the 3-6 year old classroom was deteriorated Based upon observation. In the 2.5 - 3.5 year old room the paint was deteriorated and flaking on the bottom shelf of the white bookshelf near the carpet area.	paint touch up in 3-6 room on wall + book shelf in 2.5-3.5 room	11-29-24	
4	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Based upon observation the infant room refrigerator contained a thermometer that did not register temperature.	new thermometer in frig in infant room	11-13-24	

NAME - Agency Worker
Amanda Holz

Date Issued
11/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lisa L. Kegons

Date Signed

11-20-24