

Date Correction Plan Due 11/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 92(-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)(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 Montessori Children's House Inc		Provider Number Facility ID Number 100557211 / 001 - 420678	
Address - Facility (Street, City, State, Zip Code) 1907 N 20Th St Sheboygan WI 53081		Telephone Number 920-458-0510	Date - Regulation Visit 10/31/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Based upon record review, a child enrolled greater than 30 days did not have documentation of immunizations on file.	<i>immunization record updated</i>	<i>11-6-25</i>
2	251.04(6)(a)8.d. Child Record - Health Exam Report Description: Based upon record review, a child in care did not have a child health report signed by a physician on file. Repeat violation: Previously cited on 11/13/2024	<i>child health record updated will make 1 over christmas Break moved from Chicago</i>	<i>12-3-25</i>

12-22-25 13:52 FROM - Montessori Sheboygan 19204589790 T-150 P0003/0017 F-306

Name - Certified Operator / Licensed Center

Montessori Children's House Inc

Provider Number / Facility ID Number

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

10/31/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected	Verification
			Completion Date	Date
3	<p>251.05(2)(a)5. Staff Record - High School Diploma [REDACTED]</p> <p>Description: Based upon record review Staff B did not have documentation of a high diploma in their file.</p>	<p>We are working on this. Her High School in CT is closed</p>	2-1-26	
4	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training [REDACTED]</p> <p>Description: Based upon record review, Staff A and C did not have documentation of cardiopulmonary resuscitation training within the most recent two years on file.</p> <p>Repeat violation: Previously cited on 12/8/2023</p>	<p>Will have a copy for each on</p>	12-31-25	
5	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training [REDACTED]</p> <p>Description: Based upon record review, Staff A did not have documentation of completion of a the biennial Child Abuse and Neglect training within the file.</p>	<p>Will have documentation for Krista + Carla</p>	1-31-25	
6	<p>251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period [REDACTED]</p> <p>Description: Based upon record review, Staff A, B, and C did not have continuing education documented for the year 2024 on file.</p> <p>Repeat violation: Previously cited on 12/8/2023</p>	<p>Krista, Susam and Carla updated Continuing Ed for 2024</p>	12-18-25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
Paint on Wall in Kinder class painted	touch up paint on wall	12-30-25	

NAME - Agency Worker

Amanda Holz

Date Issued

10/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lisa J. Keon

Date Signed

12-18-25

12-22-25 13:53 FROM - Montessori Sheboygan 19204589790 T-150 P0005/0017 F-306