

No. 1364 P. 4


Date Correction Plan Due 7/1/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Montessori Childrens Hse West Bend		Provider Number / Facility ID Number 4000577624 / 001 - 1007469	
Address - Facility (Street, City, State, Zip Code) 1701 Vogt Dr West Bend WI 53095		Telephone Number 262-334-5300	Date - Regulation Visit 6/6/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.05(3)(f)2.b. Child Care Teacher - High School Or Equivalent  Description: Based upon review on June 6, 2024, Staff Member A of the Staff Record Checklist was working as a teacher and did not have proof of completion of high school or its equivalent on file.	Staff A did not have a copy of her diploma in her file. It was overlooked. On June 24, 2024 We received an official transcript and is placed in her file. In the future, I will make sure all necessary documents are included.	6-24-2024

Jun. 26. 2024 6:34AM

NAME - Agency Worker Jamie Brandt	Date issued 6/17/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 6-26-2024