

No. 1748 P. 2

Date Correction Plan Due 5/6/2026	<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)(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 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 4/15/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(11)(b)7. <b>Outdoor Play Space - Enclosure</b>  Description: There was a 5 x 4 inch gap at the base of the outdoor fence facing the slide. In that same section of the fence, there was a 9 x 2 inch gap at the top of the fence. The section of the fence by the pond, is between 2 to 5 inches short of the required 4 foot height.	The 5X4 inch gap was filled and brought up to fence.  The 9X2 gap was fixed. No gaps  The fence by pond fixed and measures 4-foot height at time of completion.	Fixed on 4.23.26	
2 251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: In the bathroom, there were two toilet seats that had large stains.	The toilet seats have all been replaced.  The product that was used discolored the seats.	Fixed on 4.23.2026	

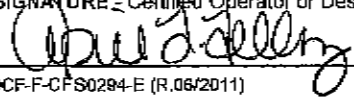
Apr. 30. 2026 7:12AM

Name - Certified Operator / Licensed Center Montessori Childrens Hse West Bend		Provider Number / Facility ID Number 4000577624 / 001 - 1007469	
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3	251.06(2)(i) Deteriorating Paint  Description: In the large motor room, there was a wall that had peeling paint.	The wall in the large motor room has been painted.	Fixed on 4.25.26

NAME - Agency Worker  
Gloribel Tegen

Date Issued  
4/22/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
4-29-2026