

<b>Date Correction Plan Due</b> 6/21/2024	<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> Children's House Of Montessori		<b>Provider Number / Facility ID Number</b> 0000589820 / 001 - 2004604		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1033 S Adams Ave Marshfield WI 544494002		<b>Telephone Number</b> 715-384-7171	<b>Date - Regulation Visit</b> 5/29/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8. <b>Child Record - Physical Examination</b>  Description: Child 2 does not have documentation of a physical exam.	Check child files monthly + create list of missing paperwork	7/8/24	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff B does not have documentation of Abusive Head Trauma Training.	Share onboarding paper + deadlines with staff. It is their responsibility to meet the deadlines or be put on a leave	7/8/24	

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3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A does not have documentation of current infant and child CPR with the use of AED training.	Share onboarding paper + deadlines with staff. It is their responsibility to meet the deadlines or be put on a leave.	7/8/24	
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A and B do not have documentation of current child abuse reporting training.	Share onboarding paper + deadlines with staff. It is their responsibility to meet the deadlines or will be put on a leave.	7/8/24	

**NAME - Agency Worker**  
Tiisha Harrell, Bonnie Davis

**Date Issued**  
6/7/2024

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

**Date Signed**



7/10/24