DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 3/9/2023	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-930-1148

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**	
Children's House Montessori Sch		0000564650 / 002 - 1012359	
Address - Facility (Street, City, State, Zip Code) 415 E Lake St Eau Claire WI 54701	**Telephone Number** 715-835-7861	**Date - Regulation Visit** 1/25/2023	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: The file for Staff A and Staff C did not contain documentation of a physical examination report on a form provided by the department, completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children. Repeat violation: Previously cited on 7/13/2022, 5/5/2021	Staff member "A" turned in completed staff Health Report Staff member "C" turned in completed staff Health Report	2/1/23 4/5/23	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Children's House Montessori Sch	0000584650 / 002 - 1012359

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
415 E Lake St Eau Claire WI 54701	715-835-7861	1/25/2023

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** **Description:** Staff A was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment. Staff C and Staff D were missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	Staff member "A" completed CPR training on 2/21/23 Staff member "D" completed training on 2/21/23 Staff member "C" added documentation to file of CPR done in Oct 2022 - was in continuing ed. binder	2/21/23 2/21/23 2/23/23	
3	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff A was missing documentation of having received a complete orientation within their first week at the center.	Review orientation with staff "A".	2/24/23	
4	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Contrary to DCF 251.05(2)(c)2, Staff B did not have documentation of the yearly requirement of 15 hours of continuing education in 2022.	Review transcripts from UWEC for Spring 2022	3/2/23	

NAME - Agency Worker
Emily Johnson

Date Issued
2/23/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jennifer Okes

Date Signed
4/5/23