

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

Date Correction Plan Due
3/11/2026

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

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
2/20/2026

Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
251.05(2)(a)2. Staff Record - Completed Background Check	To be completed by 03/11/2026		
Description: Fingerprints not completed for the following individuals: Individual 001			
	Deactivated employee as they are no longer working. In the future we will send employees to be fingerprinted upon notice of fingerprints needing to be updated.	2/26/26	

NAME - Agency Worker
Margaret Done

Date Issued
2/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Margaret Done

3/2/26