Date Correction Plan Due 5/26/2021

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)(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 Provide			er Number / Facility ID Number		
Children's House Montessori Sch				64650 / 002 - 1012359	
Address - Facility (Street, City, State, Zip Code) 415 E Lake St Eau Claire WI 54701		Telephone Number 715-835-7861	COLUMN 1 COL		
Rule/Statute Number Noncompliance Statem		Correction Plan	Expected Completion Date	Verification Date	
1 251.05(2)(a)3.a. Staff Record - Physical Examina Description: Staff record review, 5 child care workers employed for n documentation of each employee	5/05/2021. Staff records, B and C, nore than 30 days, did not have	Physical Exam Will be on file Within 30 days for B. C's exam is now on file.	6/14/21		
Department approved shaken bat	nd D, did not have documentation of	SBSIAHT training Documen- tection will be on file ASAP for B. C+D have completed training + documentation	5/2/21		

MAY 17 2021

State or Wisconsin Dept. of Children and Families

lame - Certified Operator / Licensed Center Children's House Montessori Sch		Provider Number / Facility ID Number 10000564650 / 002 - 1012359		
ddress - Facility (Street, City, State, Zip Code) 15 E Lake St Eau Claire WI 54701	Telephone Number 715-835-7861	Date - Regulation Visit 5/5/2021		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Verification Completion Date Date		
		RECEIVED		
		MAY 17 2021 State of Wisconsin Dept. of Children and Families		
ME - Certification Worker / Licensing Specialist rey Olson		Date Issued 5/10/2021		
NATURE - Certified Operator or Designee / Licensee or Designee		Date Signed 5)14/21		
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