	The second secon		
715-930-1148	PLAN		1/19/2022
TO FILE A COMPLAINT CALL	NONCOMPLIANCE STATEMENT AND CORRECTION	on Plan Due	Date Correction Plan Due

may submit plans of correction however are not required to do so. and (2)(k). 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) 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

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 noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. 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. notice of the sanction and / or penalty and your appeal rights. Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist Return the original to your certification / licensing specialist for approval and retain a copy. This request for a correction plan is not an order imposing a sanction or If this is a licensed child care, post your copy of the

ne - Certified Operator / Licensed Center	Provide	≱r Number / Facility ID Nun	nber
ldren's House Montessori Sch	000056	34650 / 002 - 1012359	MONTH AND THE STREET, THE STRE
lress - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation \	Visit
E Lake St Eau Claire WI 54701	715-835-7861	1/4/2022	= 4384450 viimėto makiminakiminakim
Rule/Statute Number	Correction Plan	Expected	Verification
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SIGNATURE - Certified Operator or Designee / Licensee or Designee MUNDO FMAN DCF-F-CFS0294-E (R.06/2011)	NAME - Certification Worker / Licensing Specialist Emily Johnson, Robert Hietala	Rule/Statute Number Noncompliance Statement	415 E Lake St Eau Claire WI 54701	Children's House Montessori Sch	Name - Certified Operator / Licensed Center
		Correction Plan	Telephone Number 715-835-7861		9
Date Signed 1 10 22	Date Issued 1/5/2022	Expected Completion Date	Date - Regulation Visit 1/4/2022	0000564650 / 002 - 1012359	Provider Number / Facility ID Number
		Verification Date	Visit		ımber

DCF-F-CFS0294-E (R.06/2011)