

Date Correction Plan Due 2/24/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 608-422-6765
---------------------------------------	--	--

**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>		<b>Provider Number / Facility ID Number</b>		
Countryside Montessori Preschool		9000558039 / 001 - 120606		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
721 Northport Dr Madison WI 53704		608-244-5437	11/18/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b>  Description: Background check requirements were not completed for Staff E and F prior to working alone with children.	Both staff notified, completed and placed in files	12/2/2024	12/2/2024
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff C, E and F did not have physical exam reports available for review in their files.	All staff notified ~ Physicals completed and in files	12/13/24	12/13/2024

Name - Certified Operator / Licensed Center Countryside Montessori Preschool		Provider Number / Facility ID Number 9000558039 / 001 - 120606		
Address - Facility (Street, City, State, Zip Code) 721 Northport Dr Madison WI 53704		Telephone Number 608-244-5437	Date - Regulation Visit 11/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A, B, C, D, and E did not have documentation of completion of training on child abuse and neglect reporting requirements, which is required to be completed within one week after beginning work at the center and at least every 2 years thereafter.	All staff notified and new training completed and placed in files	12/2/2024	12/2/2024
4	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: Documentation of review of medical log book records was not completed every 6 months, as required.	Reviewed and system for staying current now in place.	11/25/2024	11/25/2024

NAME - Agency Worker  
Cierrena Schoville

Date Issued  
2/10/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/24/2025