STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/28/2026		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		Provider Number / Facility ID Number	
Heartland Montessori School		5000591065 / 003 - 2007363	
Address - Facility (Street, City, State, Zip Code) 1107 S Wasson Ln River Falls WI 540222726	**Telephone Number** 715-513-9558	**Date - Regulation Visit** 7/24/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: One child's Ibuprofen and Diazepam were missing authorization to administer medication forms. The child's parent was onsite and completed the required forms immediately. An authorization to administer medication form for another child's cough medicine could not be located for review. No medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. Blanket authorizations that exceed the length of time specified on the label are prohibited.	all med boxes were examined & parents were contacted to provide the missing form.	7/25/2026	

NAME - Agency Worker
April Callihan Caitlin O'Connor

Date Issued
9/14/2026 9/15/2026
Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee

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