Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/9/2026		262-446-7800

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
Kid Zone At Montessori	1000589461 / 003 - 2003987

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4800 Graceland Blvd Racine WI 534063603	262-745-4448	10/21/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information**	WW correct form now on file	11/20/26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training**	updated certificate now on file	10/22/26	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
Kid Zone At Montessori			1000589461 / 003 - 2003987	
Address - Facility (Street, City, State, Zip Code) 4800 Graceland Blvd Racine WI 534063603		**Telephone Number** 262-745-4448	**Date - Regulation Visit** 10/21/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: Disinfecting spray was observed on a counter in a classroom and accessible to children in care. A tube of Aquaphor and a bottle of salt hair texture spray was observed to be on a cart accessible to children.	all materials potentially harmful to children are now out of reach of children.	10/21/26	

NAME - Agency Worker
Colleen Hanser

Date Issued
10/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 10/26/26