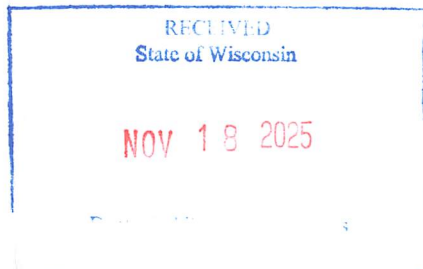


Date Correction Plan Due 11/21/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 Montessori School Of Wausau		Provider Number / Facility ID Number 4000557104 / 001 - 620058		
Address - Facility (Street, City, State, Zip Code) 1921 Wegner St Wausau WI 544015260		Telephone Number 715-842-7917	Date - Regulation Visit 11/6/2025	
	Rule/Statute Number Noncompliance Statement 1 251.04(6)(a)6. Child Record - Health History Description: Child 7 did not have health history information on file.	Correction Plan A new health form was given to his Mom, and will be returned by 11/19/25	Expected Completion Date 11/19/25	Verification Date



NAME - Agency Worker
Bonnie Davis

Date Issued
11/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Guendalyn B. Lombardo

Date Signed
11/13/2025