

Date Correction Plan Due 5/22/2026	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
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Address - Facility (Street, City, State, Zip Code) 1921 Wegner St Wausau WI 544015260	Telephone Number 715-842-7917	Date - Regulation Visit 5/5/2026
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1 on the Child ID key did not have an immunization record on file.	<div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">MAY 21 '26</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">DCF - NRO</div> His record had his Dad's signature - You informed me that it is okay for him to sign it.	5/12/26	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, Staff B, and Staff C did not have an updated CPR certificate on file.	A + B - need to find a class <hr style="border: 0.5px solid black;"/> C - contacting instructor to get certificate showing child "dummies" we've used	8/15/26 or as soon as we can find a class <hr style="border: 0.5px solid black;"/> June 1, 2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C did not have an updated child abuse and neglect training certificate on file. Repeat violation: Previously cited on 5/21/2025, 12/5/2024, 7/25/2024	Going to take the class online	June 1, 2026	
4	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff A and Staff B did not have documentation on file showing that they completed 15 hours of continuing education in 2025.	A - was going to use recent inservice hours to fulfill - didn't know you can't go back - we used to be able to do that. B - doesn't have any either - we will both just start with Aug 26 to fulfill A will have 15 credits for 2025	Aug. 2026	

NAME - Agency Worker
Bonnie Davis

Date Issued
5/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Beverly Lombardo

05/15/2026