Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/5/2026		715-361-7700

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	RECEIVED State of Wisconsin	Provider Number / Facility ID Number	
Montessori School Of Wausau		4000557104 / 001 - 620058	
Address - Facility (Street, City, State, Zip Code)	OCT - 2 2026	**Telephone Number**	**Date - Regulation Visit**
1921 Wegner St Wausau WI 544015260		715-842-7917	9/17/2026

Dept of Children and Families
Rhinelander Regional Office

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff C does not have a Registry certificate indicating she is teacher qualified.	Work with the Registry to get diploma/teacher certificate	Depends on reply time by Registry. Hopefully by end of Oct.	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff A and Staff B did not have updated CPR training on file. Repeat violation: Previously cited on 5/5/2026	Attending class on Wed. Oct. 7th (Both Staff A + B)	Oct. 7th, 2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Montessori School Of Wausau		4000557104 / 001 - 620058	
Address - Facility (Street, City, State, Zip Code) 1921 Wegner St Wausau WI 544015260	**Telephone Number** 715-842-7917	**Date - Regulation Visit** 9/17/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(11)(bm)3. **Outdoor Play Equipment - Construction, Condition** Description: There is a basketball hoop in the outdoor play area that is cracked.	Waiting on removal or repair by const. worker - (Delayed due to accident he had) (Children are not allowed by it)	Oct. 15, 2026	
4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: There was a parental written authorization for an epi-pen at the center and the authorization did not have administration instructions, medication intervals and length of authorization.	A new form has been completed according to example.	Sept. 28, 2026	

NAME - Agency Worker
Bonnie Davis

Date Issued
9/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Gwendolyn Lombardo

Date Signed
9/27/26