

DEPARTMENT OF CHILDREN AND FAMILIES STATE OF WISCONSIN

Division of Early Care and Education

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.

Date Correction Plan Due		NONCOMPLIANCE STATEMENT AND CORRECTION PLAN		TO FILE A COMPLAINT CALL	
7/3/2024				920-785-7811	
Name - Certified Operator / Licensed Center Provider Number / Facility ID Number					
Mimi's Montessori Christian Academy 2000591222 / 001 - 2006391					
Address - Facility (Street, City, State, Zip Code)		Telephone Number		Date - Regulation Visit	
1220 N Holden St Prt Washngtn WI 530741242		920-716-4184		5/15/2024	
Rule/Statute Number Noncompliance Statement		Correction Plan		Expected Completion Date	Verification Date
250.06(9)(a) 1 Kitchen Equipment, Utensils, Eating Surfaces Description: Based upon observation the table utilized for snack was not washed before allowing snack to be eaten.		When we have group snack I will spray the tables before and after snack. When snacks are not in a group, I will designate one table as the snack table and make sure that it is sanitized after each snack.		09/09/2024 (first day of school)	

NAME - Agency Worker Amanda Holz

SIGNATURE - Certified Operator or Designee / Licensee or Designee DCF-F-CFS0294-E (R.06/2011)

Date Issued 6/19/2024

Date Signed

Cynthia L Dinkler _____
