

Date Correction Plan Due 10/16/2024	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 North Country Montessori	Provider Number / Facility ID Number 7000585527 / 001 - 1014918
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Address - Facility (Street, City, State, Zip Code) 8961 County J Woodruff WI 545689309	Telephone Number 715-356-4678	Date - Regulation Visit 10/1/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff D and Staff E did not have current CPR certificates in their files.	Staff D ÷ E will have current CPR certificates in their files	10-14-24	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B, Staff C, Staff D, Staff E and Staff F did not have current mandated reporter training on file. Repeat violation: Previously cited on 5/2/2023	All staff now have current CAN training certificate on file including staff C D E F ÷ B	10-2-24	

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8961 County J Woodruff WI 545689309		715-356-4678	10/1/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: Staff C and Staff F did not have documentation of 15 hours of continuing education in 2023.	Staff C and F will have documented 15 hrs of CEUs on file	10-3-24	
4 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child 1 and Child 2 did not have written medication authorizations to include administration instructions for their Epi-Pens.	Child 1 and 2 have current, detailed med. authorizations with instructions to admin. Epi-Pens	10-3-24	

NAME - Agency Worker
Bonnie Davis

Date Issued
10/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed