

Date Correction Plan Due 4/2/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
North Country Montessori		7000585527 / 001 - 1014918	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
8961 County J Woodruff WI 545689309		715-356-4678	11/24/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Documentation of abusive head trauma training was not on file for one staff.	Abusive Head Trauma Prevention Training is in staff file	12/1/25
2	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Documentation of current CPR training was not on file for one staff.  Repeat violation: Previously cited on 10/1/2024	CPR training certificate is in staff file	11/26/25

Name - Certified Operator / Licensed Center North Country Montessori		Provider Number / Facility ID Number 7000585527 / 001 - 1014918	
Address - Facility (Street, City, State, Zip Code) 8961 County J Woodruff WI 545689309		Telephone Number 715-356-4678	Date - Regulation Visit 11/24/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: One staff did not have documentation of current child abuse and neglect training.  Repeat violation: Previously cited on 10/1/2024	CAN Training documentation is in staff file	11/26/25
4	251.06(11)(b)5. <b>Outdoor Play Space - Energy-Absorbing Surfaces</b>  Description: There was not 9 inches of energy absorbing material under swings.	Swings will have 9" of pea gravel through raking distribution and ordering more when snow melts	by 5/1/26 ↑ order more till

NAME - Agency Worker  
Dezarae Wierzba

Date Issued  
3/19/2026

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed  
4/1/26