

Date Correction Plan Due 5/8/2026	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 Mountain View Montessori		Provider Number / Facility ID Number 4000586284 / 001 - 1016142		
Address - Facility (Street, City, State, Zip Code) 1500 Merrill Ave Suite 100 Wausau WI 544012590		Telephone Number 715-298-3832	Date - Regulation Visit 4/23/2026	
	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 Staff/Child ID Key did not have an immunization record on file. Repeat violation: Previously cited on 11/7/2024	Child 1 has immunization record on her file as of 4/27/26.	4/27/26	
2	251.05(2)(a)1. Staff Record - Personal Information Description: Staff C did not have a Staff Record form on file.	Staff C has a completed Staff Record form in her file as of 4/27/26.	4/27/26	

Page: 3/4
Mountain View Montessori
From: 17152983842
05/04/2026 15:02

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Mountain View Montessori		4000586284 / 001 - 1016142		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1500 Merrill Ave Suite 100 Wausau WI 544012590		715-298-3832	4/23/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B and Staff C did not have a Health Report on file. Repeat violation: Previously cited on 5/22/2024	Staff B completed Health Report 5/1/26 and read on 5/4/26 Staff C has made a dr appt for her health report to be completed.	5/4/26 5/29/26	
4	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff E did not have documentation on file that Abusive Head Trauma training was completed.	Staff E completed AHT training on 4/24/26.	4/24/26	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, Staff B and Staff C did not have a current CPR training certificate on file.	Staff A completed CPR on 4/23/26. Staff B completed CPR on 4/28/26 Staff C completed CPR on 4/25/26.	4/28/26	

NAME - Agency Worker
Bonnie Davis

Date Issued
4/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Handwritten Signature

5/4/26