DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/24/2026		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	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	9/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 9 did not have an immunization record on file. Repeat violation: Previously cited on 4/23/2026, 11/7/2024	Parent was contacted to submit current immunization record.	9/25/2026	
2	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 9 did not have a current health report on file.	Health Report was handed in the day of the licensing visit.	9/9/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A child's epi-pen did not have a written authorization from a parent that included administration instructions and length of the authorization.	Parent was asked to fill out new form. The directions to administer that were on the box were transfered to the Parent Authorization form as well. Authorization was for the length of prescription until expiration	9/11/2026	
4	251.09(1)(L) **Infant & Toddler - Soft Materials In Cribs** Description: Per observation, two babies under the age of 1 year in the Nest 1 room who were asleep had attached pacifiers attached to them.	When babies in Nest are placed in cribs to sleep, all pacifiers will be detached from clips, straps, + ribbons. Sleeping babies will be given pacifiers only.	9/10/2026	

NAME - Agency Worker
Bonnie Davis

Date Issued
9/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Leah D Bjerke

Date Signed
9-17-2026