Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/28/2026		608-422-6765

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***	
Guidepost Montessori At Verona		2000593392 / 001 - 2008422	
Address - Facility (Street, City, State, Zip Code)	***Telephone Number***	***Date - Regulation Visit***	
240 Enterprise Dr Verona WI 535939124	608-492-0519	8/11/2026	

	Rule/Statute Number Noncompliance Statement	***Correction Plan***	***Expected Completion Date***	***Verification Date***
1	251.05(2)(a)3.a. ***Staff Record - Physical Examination*** Description: Staff C, who has been working at the center for one year, does not have a physical examination report within 30 days of hire documenting the person is free of communicable diseases and is physically able to work with young children.	Staff C will obtain a staff health report before returning back to work	9/14/2026	
2	251.05(3)(g)2. ***Assistant Child Care Teacher - Qualifications*** Description: Staff C, who has been working as an assistant at the center longer than six months, is missing documentation of qualifications for the position. Repeat violation: Previously cited on 3/26/2026	Staff C will obtain the proper qualifications before returning back to work	9/14/2026	

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3	251.055(1)(a) ***Supervision Of Children*** Description: The center self-reported that on the morning of 8/03/26, a three-year-old child was unsupervised for approximately 30 to 60 seconds. The incident occurred during a time of transition from one room to another in the center. Repeat violation: Previously cited on 6/30/2026, 8/27/2025	All staff will review transition and tracking proceedures	8/03/2026	

NAME - Agency Worker
Amy Anderson

Date Issued
8/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Bethany Bilberry

Date Signed
9/04/2026