

Date Correction Plan Due 6/27/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
TO FILE A COMPLAINT CALL 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 Umos Beaver Dam Center		Provider Number / Facility ID Number 5000577935 / 011 - 1005834	
Address - Facility (Street, City, State, Zip Code) W9555 Nova Pass Beaver Dam WI 539169264		Telephone Number 920-887-9501	
Rule/Statute Number 251.07(6)(dm)4.		Date - Regulation Visit 6/11/2024	
Noncompliance Statement Medical Log - Reviewing Injury Records Description: The director or director designee did not document review of medical logbook within the last 6 months.		Correction Plan Health Service Worker-Gloria Miller dated and put lines through the empty spaces and Teacher was given T/TA on how to complete the Medical Log. A copy of the guide was also provided. Health Service Manager/Center Manager will review medical logbook every 6 month	
Expected Completion Date 6 / 1 4 / 2 4		Verification Date	

NAME - Agency Worker Michelle Garcia	Date Issued 6/13/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 6/13/24