

Date Correction Plan Due 8/29/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Umos - Spring Lake Center		Provider Number / Facility ID Number 5000577935 / 006 - 420024		
Address - Facility (Street, City, State, Zip Code) N1257 Cty Rd Tk F And Z Redgranite WI 54970		Telephone Number 920-566-2098	Date - Regulation Visit 5/14/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.06(6)(b)2.b. Private Well - Annual Nitrate Test Unsafe Results</p> <p>Description: The program received a non-compliance from the Wisconsin Department Of Natural Resources on 5/14/24 indicating the center violated the nitrate maximum 10 mg/L contaminant level. The most recent water sample taken on May 6, 2024 contained a nitrate level of 12.1.</p> <p>Until the nitrate violation is resolved or until notified otherwise by the Department, The center is required to demonstrate 5 conditions are met. The center will be required to obtain a new low nitrate water supply or install treatment on the existing water supply, a safe drinking water supply is required by April 2026.</p>	<p>Signs posted at sinks stating water is unsafe for consumption, in English and Spanish.</p> <p>Bottled water is used for drinking, cooking, and brushing teeth.</p> <p>Annual water samples are sent to a certified laboratory for testing.</p> <p>Annual water sample test results are posted on the bulletin board.</p> <p>We have received a quote for entry point nitrate whole house water filter system (reverse osmosis).</p>	<p>5/31/2024</p> <p>5/31/2024</p> <p>5/07/2024</p> <p>5/31/2024</p> <p>3/31/2026</p>	<p>8/19/2024</p> <p>8/19/2024</p> <p>8/19/2024</p> <p>8/19/2024</p>

NAME - Agency Worker
Cassandra Debauche

Date Issued
8/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Manuel Sital Pineda

8/21/2024