

<b>Date Correction Plan Due</b> 10/8/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Umos - Montello Center		<b>Provider Number / Facility ID Number</b> 5000577935 / 003 - 420785		
<b>Address - Facility (Street, City, State, Zip Code)</b> N2898 State Rd 22 Montello WI 53949		<b>Telephone Number</b> 608-297-8453	<b>Date - Regulation Visit</b> 9/16/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(4)(jm)1. <b>Fire Alarms &amp; Smoke Detectors - Drills</b>  Description: Based upon review on September 16, 2024, a signaling device was not used to conduct monthly fire evacuation drills. Instead, staff announced the drill over walkie talkies.	The alarm company has come in to fix the fire alarm. We conducted a fire drill using the actual fire alarm on 9/25/24.	9/25/24	
2	251.07(6)(dm)1. <b>Medical Log Book</b>  Description: Based upon observation on September 16, 2024, the pages of the medical log book in the preschool room were not numbered.	During a site visit the Health Service Manager reviewed & updated the Medical Log. All pages have been numbered.	9/25/24	


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3	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: Based upon observation on September 16 2024, the medical log books were not reviewed every 6 months.	HSM came in & reviewed the medical log. It is up to date.	9/25/24	

**NAME - Agency Worker**  
Jamie Brandt

**Date Issued**  
9/24/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

Alma Torres



**Date Signed**

10/01/2024