

Date Correction Plan Due 11/4/2025	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 - Montello Center		Provider Number / Facility ID Number 5000577935 / 003 - 420785		
Address - Facility (Street, City, State, Zip Code) N2898 State Rd 22 Montello WI 53949		Telephone Number 608-297-8453	Date - Regulation Visit 8/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: Based on record review on 8/19/25 according to the Staff Record Checklist Staff Member D failed to have a Staff Record Form on File.	I will ensure Staff member will fill out the required Staff Record Form and I will ensure that form is filled out and filed in the staff file.	8/30/25	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on record review on 8/27/25 according to the Staff Record Checklist Staff Member E failed to have a health report on file. Repeat violation: Previously cited on 10/11/2023	Center Manager will ensure that all employee health records are on file.	8/21/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)8. Staff Record - Orientation Description: Based on record review on 8/27/25 according to the Staff Record Checklist Staff Member C failed to have orientation on file.	Center Manager will ensure that the Orientation Checklist are placed in the file.	8/25/25	
4	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Based on record review on 8/27/25 according to the Staff Record Checklist Staff Member A and E failed to have Abusive Head Trauma on file prior to working with children.	Staff members A & E have the AHT / Shaken Baby Syndrome training completed on 4/21/25; Certificates have been properly filed into the file.	10/31/25	
5	251.08(4)(b) Driver Orientation - Requirement Description: Based on record review on 8/27/25 according to the Staff Record Checklist Staff Member C failed to have annual driver orientation on file, prior to transporting children.	Staff member C did receive training on 6/26/25 prior to transporting children. Driver Training Checklist has been properly filed.	8/25/25	

NAME - Agency Worker
Cassandra Debauche

Date Issued
10/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Alma D. Torres  Center Manager

Date Signed
10/31/2025