

Date Correction Plan Due 6/6/2024	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.

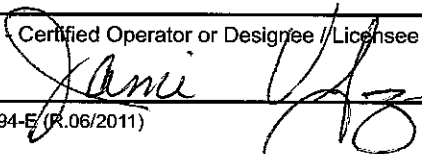
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Umnos 6-12 Program		5000577935 / 027 - 1015386	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
178 W Cumberland St Berlin WI 549231111		920-232-9611	5/20/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 8/2/2023	Fingerprints to be completed by 6/6/24. Individul 001 Applicant/Licensee has been removed from the UMOS portal	5/31/2024

NAME - Agency Worker
Maynou Thao

Date Issued
5/23/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed



05-31-2024

STAFF IDENTIFICATION KEY INSTRUCTIONS FOR USE

Per the statutes listed below, the department is required to protect the confidentiality of staff information. Use of a key is mandatory, but this is not a required form. You may use staff record checklists, child record checklists, or any other key to meet the requirement.

Per 48.657(1), Wis.Stats., the department may not disclose the identity of any employee of the child care center when providing information about violations of statutes, rules, or provisions of licensure. Therefore, if the licensing specialist needs to refer to a staff person in a noncompliance statement or enforcement document, the licensing specialist shall enter the staff person's name and position name into the "Staff / Family Member / Other Adult" column and use the corresponding letter to identify the staff person throughout that document. **Child Care Certification:** While not a statutory requirement, maintaining the confidentiality of any employee is considered best practice and DCF-F-CFS0294-E's issued to certified operators should not disclose employee names.

Per 48.78, Wis. Stats., the department, a licensed child care center, or a certified child care program may not disclose any information about children in care; therefore, if the licensing specialist / certification worker needs to refer to a child (or parent of a child) in a noncompliance statement or enforcement document, the licensing specialist / certification worker shall enter the child's (or parent's) name into the "Child Name / Birthdate" and "Staff / Family Member / Other Adult" columns and use the corresponding number to identify the child (or parent) throughout that document.

Date field: The date field is dependent upon the reason for use. The date should match the date of the document to which it is attached.

- If it will be attached to a Noncompliance Statement based on a site visit - use the date of the site visit.
- If it will be attached to a Noncompliance Statement issued with no site visit - use the date the Noncompliance was issued.
- If an Enforcement Document will be completed without issuing a Noncompliance Statement - use the date the enforcement action was taken (licensing only).
- If a Compliant Document will be completed without issuing a Noncompliance Statement - use the date of the complaint document.

Attach a copy of the identification key to the file copy of the document. Note: This key may also be used when writing complaint findings in order to avoid the need to redact names for an open records request.

STAFF IDENTIFICATION KEY
CONFIDENTIAL INFORMATION - DO NOT POST

Use of form: Use of this form is voluntary, however, because Noncompliance Statements and Correction Plans are posted on the Child Care Finder website, a key must be used to protect the confidentiality of children and staff name for noncompliance statements and other documents.

Instructions - Licensed programs: Noncompliance Statement and Correction Plan (DCF-F-CFS0294-E) and enforcement action documents must be posted next to the license certificate. However, this identification key contains confidential information, and **must not be posted** next to those documents. Post the attached document as required and keep this identification key on file for reference purposes.

Instructions - Certified programs: Noncompliance Statement and Correction Plan (DCF-F-CFS-2094-E) are not required to be posted next to the certificate. If you choose to post your Noncompliance Statement and Correction Plans, do not post this document. It contains confidential information and should be kept on file for reference purposes.

Name - Facility / Program Umos 6-12 Program	Facility ID / Provider Number 1015386 / 5000577935-027	Date 5/20/2024
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Form completed as attachment to Noncompliance Document

STAFF / FAMILY MEMBER / OTHER ADULT

ID	NAME	POSITION
001	Lupe Martinez	Applicant/Licensee