

Date Correction Plan Due 8/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--	--	---

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)(l) 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 6-12 Program		Provider Number / Facility ID Number 5000577935 / 027 - 1015386		
Address - Facility (Street, City, State, Zip Code) 178 W Cumberland St Berlin WI 549231111		Telephone Number 920-232-9611	Date - Regulation Visit 8/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) Staff Record - Maintenance & Availability Description: Based on record review One Staff Member's File who is employed by the same licensee failed to be onsite. The Staff Member's file was at a different location. The licensing specialist was unable to view their staff file for qualifications.	251.05(2)(a) The staff file was immediately brought to the center and placed in the locked cabinet		
2	251.06(4)(f) Electrical Outlet Limit Description: Based on observation the program utilized an 6 plug outlet extender. Only two items can be plugged into an outlet. This is a fire hazard.	251.06(4)(f) The staff immediately corrected the situation and will use the appropriate power strip for this area.		

Name - Certified Operator / Licensed Center Umos 6-12 Program		Provider Number / Facility ID Number 5000577935 / 027 - 1015386		
Address - Facility (Street, City, State, Zip Code) 178 W Cumberland St Berlin WI 549231111		Telephone Number 920-232-9611	Date - Regulation Visit 8/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: Based on record review the Medical log book failed to be reviewed every 6 months. The Medical Log Book has not been reviewed since 2023.</p>	<p>251.07(6) (dm)4. Program manager /Health Services manager will ensure that the center medical log is reviewed during the appropriate time.</p>		
4	<p>251.08(7)(e) Transportation - Length Of Time</p> <p>Description: Based on record review and interviews children are in the vehicle for transport to and from the center for more than 60 minutes for a one-way trip. Based on review of the Child Monthly Attendance Record and Driver Route Children are being picked up at 6:45am at their home and arriving at the center at 8:05am. In the afternoon children are being picked up at the center at 3:10pm and being dropped off at 4:51pm. Children are being transported for one hour and 33 minutes in the morning and one hour and 68 minutes in the afternoon.</p>	<p>251.08(7) (e) The program manager will ensure arrangements made with outside program collaborators meet, and abide by the Wisconsin licensing requirements for transporting children.</p>		
5	<p>251.08(8)(a) Vehicle Safety Alarm - Installed</p> <p>Description: Based on observation On 8/11/25 a 7 passenger van utilized to transport children home from the center on 8/11/25 failed to have a vehicle safety alarm installed. The center is contracting transportation services.</p>	<p>251.08(8) (a) The program manager will ensure arrangements made with collaborators meet, and abide by the Wisconsin licensing requirements for transporting children include vehicles with safety alarm.</p>		

Name - Certified Operator / Licensed Center Umos 6-12 Program		Provider Number / Facility ID Number 5000577935 / 027 - 1015386	
Address - Facility (Street, City, State, Zip Code) 178 W Cumberland St Berlin WI 549231111		Telephone Number 920-232-9611	Date - Regulation Visit 8/11/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Cassandra Debauche

Date Issued
8/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jane [Signature]

08/18/2025