

**Date Correction Plan Due**  
5/31/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**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**

Plymouth Children's Center Inc I

**Provider Number / Facility ID Number**

2000565742 / 004 - 1015540

**Address - Facility (Street, City, State, Zip Code)**  
124 W Washington St Burlington WI 53105

**Telephone Number**  
262-763-5470

**Date - Regulation Visit**  
5/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)1. <b>Child Record - Enrollment Information</b></p> <p>Description: Documentation of complete contact information for a person authorized and an emergency contact was not observed for a child</p>	<p>Family completed the information needed on enrollment form</p>	<p>5-17-24</p>	
<p>2 251.04(6)(a)6. <b>Child Record - Health History</b></p> <p>Description: Documentation of complete health history information was not observed for 2 children</p>	<p>Both families completed back side of health history information sheet</p>	<p>5-20-24</p>	

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124 W Washington St Burlington WI 53105

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Date - Regulation Visit  
5/14/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b> Description: Documentation of an updated health exam was not observed for a child. Repeat violation: Previously cited on 5/31/2022	Child has a well child exam on 5/30/24	5-31-24	
4 251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b> Description: Documentation of a health report was not observed for an employee Repeat violation: Previously cited on 3/1/2023	Employee has an appointment to have health exam & complete report on 5/24/24	5-24-24	
5 251.055(1)(f) <b>Child Tracking Procedure</b> Description: Documentation of tracking for class with napping children was not observed in the room.	Staff member will bring her classroom clipboard with attendance & counts with her wherever she goes	5-16-24	

NAME - Agency Worker  
Colleen Hanser

Date Issued  
5/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Sara Tauger*

Date Signed

5/20/2024