

Date Correction Plan Due
11/6/2024

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 250.042(i) and (3)(d), DCF 251.042(L) and (3)(f), DCF 252.411(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 2

Provider Number / Facility ID Number

2000585742 / 003 - 1015539

Address - Facility (Street, City, State, Zip Code)
200 S Pine St Burlington WI 531051914

Telephone Number
262-763-5482

Date - Regulation Visit
10/23/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)1. Staff Record - Personal Information Description: Documentation of an emergency contact was not observed for an employee.	New employee immediately added information in regards to emergency contact on outside of employee file folder	10/23/2024	
2 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Documentation of abusive head trauma training was not observed for an employee.	Director had new employee file training through the Registry at time of orientation. Will get documentation for her employee file	10/31/2024	

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3 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Documentation of CPR training was not observed for 2 employees.	Director will sign and pay for 2 employees to enroll in CPR training via Red Cross online	12-1-2024	
4 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: Documentation of required training for an assistant child care teacher was not observed.	Employee was employed with a start date of 3/11/24, she remained a "probationary" employee until 9/12/24. Ordered class in Sept. 2024 will complete	12-15-2024	
5 251.09(1)(am) Infant & Toddler - Intake Information Description: Documentation of complete infant and toddler intake information was not observed for several children.	Intake forms are completed by parents. Staff will fill in blank areas if necessary	10-23-2024	
6 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Documentation of changes in development was not observed on all intake sheets.	Intake forms are reviewed every 3 months by parents and staff. Will ensure changes in development are initial and dated by staff and parents	10-23-2024	

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NAME - Agency Worker
Colleen Hanser

Date Issued
10/23/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

Colleen Hanser

Date Signed

10/29/2024