

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
4/8/2026

**TO FILE A COMPLAINT CALL**  
262-466-7800

**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)(c) 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 noncompliances. 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. 48.057. 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	
Milestones Prog For Child-Plymouth		2000563872 / 011 - 220346	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2717 E Hampshire St Milwaukee WI 532113142		414-967-2178	3/25/2026
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
Verification Date			
1	<p>251.04(1)(a)0.</p> <p><b>Child Record - Health History</b></p> <p>Description: Child 1 has a documented medical condition, however there is no information in the child record about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.</p> <p>Repeat violation. Previously cited on 6/18/2024</p>	<p>Parent will be notified to input information in child's emergency form.</p>	4-13/2026

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Milestones Prog For Child-Plymouth		2000563872 / 011 - 220345		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2717 E Hampshire St. Mendon, MA 01942		414-967-2178	3/25/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
			Verification Date	
2	<p>251.04(6)(b)  <b>Current, Accurate Daily Attendance Record</b>            Description: 9 children were present in the Dragonfly classroom, however 8 children had arrival times documented on the attendance record.</p>	Staff will be instructed on the importance and necessity of this rule.	3/30/2026	
3	<p>251.05(1)(f)  <b>Child Tracking Procedure</b>            Description: 9 children were present in the Dragonfly classroom during the visit, however 8 children were marked as present on the classroom tracking record.</p>	Staff will be instructed on the importance and necessity of this rule.	3/30/2026	
4	<p>251.06(2)(i)  <b>Deteriorating Paint</b>            Description: There is flaking paint on a window sill in the Salamander classroom in an area accessible to children.</p>	Area will be sanded.	4/3/2026	
5	<p>251.07(6)(dm)3.c  <b>Medical Log - Medication Administration</b>            Description: An inhaler in the Salamander classroom was administered to a child on five different occasions in March 2026. The administering of this medication was not documented in the medical log book.</p>	Staff will be instructed on this rule. Director will monitor frequently.	3/30/2026	

Name - Certified Operator / Licensed Center Milestones Prog For Child-Plymouth		Provider Number / Facility ID Number 2000563872 / 011 - 22034B	
Address - Facility (Street, City, State, Zip Code) 2717 E Hampshire St Milwaukee WI 532113142		Telephone Number 414-967-2178	Date - Regulation Visit 3/25/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>6 251.07(6)(1)a. <b>Medication Administration - Parent Authorization</b> Description: The medication authorizations for an infant Tylenol and a children's Tylenol being stored in the Minnow classroom, do not have administration instructions or intervals the medication should be administered. Repeat violation. Previously cited on 8/14/2025</p>	<p>Staff will be instructed on steps to take when parent fills out med form.</p>	3/30/2026	
<p>7 251.07(6)(1)b. <b>Current Authorizations For Medications On Premises</b> Description: There is no authorization for children's Tylenol medication being stored in the Minnow classroom. This same medication expired 01/2026 The authorization for Motrin medication being stored in the Minnow classroom ended on 03/19/25. The authorization for infant Tylenol being stored in the Minnow classroom ended on 02/09/26. The authorization for an EpiPen being stored in the Dragonfly classroom ended on 02/04/26. This same medication expired 02/04/26.</p>	<p>Staff will be instructed on procedures to follow. Director will monitor.</p>	4/13/2026	

<b>Name - Certified Operator / Licensed Center</b> Millesiones Prog For Child-Plymouth		<b>Provider Number / Facility ID Number</b> 2000563872 / 011 - 220346	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2717 E Hampshire St Milwaukee WI 532113142		<b>Telephone Number</b> 414-967-2178	
<b>Rule/Statute Number</b> Noncompliance Statement		<b>Date - Regulation Visit</b> 3/25/2026	
8 251.07(6)(12). Adult Handwashing Description: A staff member in the did not wash their hands after wiping a 2 year old child's nose with a disposable tissue.	<b>Correction Plan</b> Staff will be reminded of procedure.	<b>Expected Completion Date</b> 3/30/2026	<b>Verification Date</b>

**NAME - Agency Worker**  
 Daniel Noel, Katrina Tarantino

**Date Issued**  
 3/25/2026

**SIGNATURE - Certified Operator or Designer / Licensee or Designee**

*Kathy Wiaruk*

**Date Signed**

3/30/26