

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
6/12/2024

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

Primrose School Of Brookfield WI

Provider Number / Facility ID Number

6000591656 / 001 - 2006853

Address - Facility (Street, City, State, Zip Code)

18430 W Capitol Dr Brookfield WI 530451219

Telephone Number

262-281-9889

Date - Regulation Visit

5/28/2024

**Rule/Statute Number
Noncompliance Statement**

1 251.07(6)(dm)2.

Medical Log - Pages & Entries

Description: There was an entry in the medical log book that was not initialed.

Correction Plan

The medical log entry missing a signature was corrected to include the signature of the faculty member who wrote the entry.

**Expected
Completion Date**

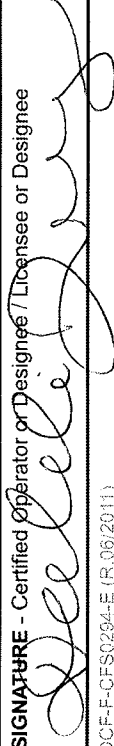
5/28/24

**Verification
Date**

NAME - Agency Worker
Katrina Tarantino

Date Issued
5/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5/30/24