

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
4/1/2025

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 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. 48.657. 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Elmbrook Preschool		Provider Number / Facility ID Number 6000590116 / 001 - 2005015	
Address - Facility (Street, City, State, Zip Code) 13001 W North Ave Brookfield WI 530055214		Telephone Number 262-780-0122	Date - Regulation Visit 3/14/2025
Rule/Statute Number 251.07(6)(dm)2.	Correction Plan All entries in the medical log will have lines drawn underneath them.	Expected Completion Date 3/28/2025	Verification Date
Noncompliance Statement Medical Log - Pages & Entries Description: There were lines/gaps in the med log entries. They did not go end to end/seam to seam in the book.			

NAME - Agency Worker
Allison Nyren

Date Issued
3/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Parvula A. Canoll

Date Signed

3/26/2025