DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/30/2026		

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		Provider Number / Facility ID Number
Lana's Day Care		7000561467 / 001 - 531027
Address - Facility (Street, City, State, Zip Code) 508 W Broadway St Viroqua WI 54665	**Telephone Number** 608-637-2325	**Date - Regulation Visit** 7/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1m)(a)2. **Prior To Receiving Or Continuing Certification, An Applicant Or Operator Shall Complete All Application Forms Truthfully And Accurately And Pay All Fees That Are Due To The Certification Agency Or To The Department.** Description: Provider has not paid all fees due prior to continuation of Certification. The full amount will be paid or the Certification will be suspended until proof of payment.	A money order was purchased and sent to DCF for $150.00. -Receipt enclosed	7/3/2026	looked at the collections in Wisers paid $150.00 money order 7-13-26

RECEIVED

JUL 28 2026

NAME - Agency Worker
Marla Marx Marla Marx

Date Issued
VERNON COUNTY DHS

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lanette Sreda

Date Signed
7/10/2026

Daycare
Bk ground

PURCHASER'S AGREEMENT:
You, the purchaser, agree to immediately complete this Money Order by filling in the front of the Money Order, signing, and addressing it at the bottom. Remember, a blank Money Order is as valuable as cash and should be handled carefully. If it is lost or stolen, you may not be able to recoup your losses. The terms of the Money Order bind you, your heirs, or others who receive this Money Order from you.

Purchaser's Proof of Purchase

It is the purchaser's responsibility to keep a copy of this stub for their records. To check the status of this Money Order, request a replacement, or for additional information about this Money Order please go to our website at www.moneygram.com/moneyorder If you still need assistance, please call 1-800-542-3590.
Para recibir esta información en Español, vaya a http://www.moneygram.com/us/es/money-orders y seleccione el enlace azul formularios de servicio o llame al 1-800-542-3590.

150.00

MoneyGram.

3

www.moneygram.com/moneyorder
for additional details regarding your Money Order
PLEASE READ REVERSE SIDE

DATE/AMOUNT

088 7801807458 07/03/2026 150.00

5466907580975 8

RECEIPT

RECIBO

▼DETACH HERE▼

7801807458 5

EMPLOYEE

682 (6/18) 500/5000
M 836373-F

KEEP A COPY OF THIS STUB
FOR YOUR RECORDS/
MANTENGA UNA COPIA DE
ESTE RECIBO PARA SUS ARCHIVOS

RECEIVED
JUL 28 2026
VERNON COUNTY DHS

Kwik Trip
603 S Main
Viroqua, WI 54665
(608) 637-8160

Store #758 7/3/2026 9:49:22 AM
Register # 2 Trans # 10221336

Tax	Description	Qty	Amount
	302-MONEY ORDER DEPT		$150.00
	M.O. Fee		$1.25
	Sub Total		$151.25
	Tax		$0.00
	Total		$151.25
	Cash		$160.00
	Change		$8.75

All fuel types purchased at the pump have all applicable taxes included in the fuel price.