

Date Correction Plan Due 6/15/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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.

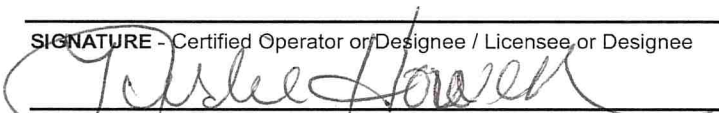
Name - Certified Operator / Licensed Center Laona Learning Center		Provider Number / Facility ID Number 3000588163 / 001 - 2100086		
Address - Facility (Street, City, State, Zip Code) 5216 Forest Ave Laona School District Laona WI 545419375		Telephone Number 715-674-2143	Date - Regulation Visit 4/29/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1 and 2 did not have record of immunizations on file.	Contacted parents immunizations for child 1 will be given to us - 6-2-26 Given immunization record for child 2 from school district 6-2-26	June 2, 2026	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not have record of current child abuse and neglect training on file. Repeat violation: Previously cited on 1/31/2025	Staff took on line training on June 2, 2026	June 2, 2026	

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3	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: One medication was authorized to be given once per day at a specific time from 02/16/26 - 02/16/27 and as of 04/29/26 the medication had only been administered once on 02/16/26.	4-29-2026 3:30pm Discussed with parent - parent had taken the medication, stating no longer using	4-29-26

NAME - Agency Worker
Heather Struck

Date Issued
6/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

6/9/2026