

Date Correction Plan Due 3/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 La Petite Academy		Provider Number / Facility ID Number 8000558368 / 028 - 2006591		
Address - Facility (Street, City, State, Zip Code) 1750 Cardinal Ln Green Bay WI 543137121		Telephone Number 920-434-8002	Date - Regulation Visit 2/22/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(m) Health, Safety & Welfare Of Children Description: A staff member had pink eye and was not allowed to leave the center to go to the doctor in early February 2024.	<ul style="list-style-type: none"> • Hired several qualified staff members. Partnership with sister schools to have staff • New call in sick procedures and communicate with management to cover shifts. 		
2	251.055(2)(b) Staff-To-Child Ratios - Minimum Description: The facility was over in ratios on 2/6/24 when she had 7 infants by herself from 7:10am to 8:10am. There were 7 other dates that the facility was over in ratios for brief periods of time.	<ul style="list-style-type: none"> • Staff meetings that include training on how to fill out name to face to ensure accurate record of ratios being maintained. 		

NAME - Agency Worker
Jill Kellner

Date Issued
3/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Angela Malo

3/5/24