

Date Correction Plan Due 12/18/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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		Provider Number / Facility ID Number	
La Petite Academy		8000558368 / 009 - 1001671	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
6514 Schroeder Rd Madison WI 53711		608-277-0076	12/3/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff K who has been working longer than 30 days, did not have a physical examination report on file.	Physical Exams will be scheduled on Day 1, and Staff will follow up, as well as Director, to ensure we have health report.	12.23.24
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff I did not have documentation of a current CPR certificate.	CPR will be scheduled by end of week 1 either at home center or another location. Staff is taking CPR 12.19.24	12.19.24
	Verification Date		12/4/2024

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B and Staff J did not have documentation of completing Child Abuse and Neglect training within the last two years.	Staff have been informed of renewal dates + reminders set. Periodic Staff File Checks to check dates. Staff have retaken.	12-23-24 12/4/2024

NAME - Agency Worker
Rebecca Brickson

Date Issued
12/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rebecca Priest

Date Signed

12/17/24