

Date Correction Plan Due 9/1/2025	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 La Petite Academy Verona		Provider Number / Facility ID Number 8000558368 / 022 - 1009019	
Address - Facility (Street, City, State, Zip Code) 220 Cross Country Rd Verona WI 53593		Telephone Number 608-848-4769	Date - Regulation Visit 8/11/2025
	Rule/Statute Number Noncompliance Statement 1 251.06(2)(a) Potential Source Of Harm On Premises Description: The indoor premises was not free of hazards when visible mold was observed in several areas of the basement, including a large area of the ceiling where the foundation is in disrepair and behind floor trim.	Correction Plan Belfor was on site on 8/22/25 to clean & dry areas affected. Belfor will return as needed during foundation project to provide services	Expected Completion Date Verification Date • Will update on 9/2/25 • Weekly updates will be provided through completion of project
	2 251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: The premises was not well drained and in good repair when large areas of carpeting and floors were soaked with water from an unknown leak in the basement causing slippery carpet in areas accessible to children. Additionally, the leak was causing paint to peel and trim to fall off the wall. Repeat violation: Previously cited on 7/31/2024	Foundation repairs are scheduled to begin on 8/29/25. Upon completion, Carpets, paint & any other items will be repaired & cleaned. Updates on progress & areas affected will be communicated as	• Will update on 9/2/25 • Weekly updates will be provided through completion of project information becomes available

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
8/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jenny Rawe

8/26/25