

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**

**TO FILE A COMPLAINT CALL**  
608-422-6765

**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, 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 Verona

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**  
1/9/2026

**Rule/Statute Number**  
**Noncompliance Statement**

**Expected Completion Date**  
**Verification Date**

1

251.04(6)(a)8.a.  
**Child Record - Physical Exam - Under 2**

Description: Child 3 did not have documentation of a follow-up examination at least once every 6 months as required.

Repeat violation: Previously cited on 3/20/2025

Being forward we are managing will be making a spreadsheet in order to make sure we get correct nam paperwork

Feb. 2, 2026

2

251.08(3)(b)  
**Information In Vehicle - Emergency Information**

Description: The program did not have emergency information for each child in the vehicle as required.

Repeat violation: Previously cited on 9/22/2025

Emergency bus binder was created with all bus riders information

January 30, 2026

<b>Name - Certified Operator / Licensed Center</b> La Petite Academy Verona		<b>Provider Number / Facility ID Number</b> 8000558368 / 022 - 1009019	
<b>Address - Facility (Street, City, State, Zip Code)</b> 220 Cross Country Rd Verona WI 53593		<b>Telephone Number</b> 608-848-4769	<b>Date - Regulation Visit</b> 1/9/2026
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b> Description: Changes in development were not documented by the child care worker every three months based on discussions with the parent when approximately four children's Intake for Under Age 2 forms were not updated.	<i>Staff was retained and system set for future updates</i>	<i>February 13<sup>th</sup> 2026</i>
			<b>Verification Date</b>

Date Issued

**NAME - Agency Worker**  
Sara Bossingham O'Brien

Date Signed

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**