Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/1/2026		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 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	9/4/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 2 did not have documentation of immunization history on file.	Immunization obtained & placed in child file. management will review records to ensure immunizations are maintained	9.22.26	
2	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child 2 did not have a physical examination report on file.	Physical exam dated 5.14.26 was obtained & placed in the child's record. Mangement will review records to ensure required exams are maintained	9.18.26	
3	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff C did not have a registry certificate on file.	Staff C obtain the required Registry Certificate, which will be placed in the staff file, management will monitor staff files for required documentation	9.21.26	

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4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff C did not have a current cpr certificate on file. Repeat violation: Previously cited on 12/3/2024	Teacher did CPR on 9.5.26 Copy of card in their file • management will make sure all CPR is current.	9.18.26	
5	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff C did not complete child abuse and neglect training every two years as required. Repeat violation: Previously cited on 12/3/2024	Teacher did Training on 9.4.26 certificate in their file • management will make sure all Child Abuse & Neglect training is current.	9.18.26	
6	251.05(3)(f)3. **Child Care Teacher - Entry-Level Training** Description: Staff B did not complete the required entry level training prior to assuming the position of a lead teacher.	Teacher did entry leavel training and Compled on 9.8.26 • management will make sure all staff have entry-level training Complete.	9.18.26	

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7	251.055(1)(a) **Supervision Of Children** Description: Each child was not supervised by a child care worker to guide the children's behavior and activities, prevent harm and ensure safety when according to staff interviews an infant crawled on top of a non-mobile infant in a bouncy seat causing an injury to the child. The teacher in the classroom was facing away from the children and did not see the incident occur. Repeat violation: Previously cited on 9/3/2025	Retrain staff on active supervision, including positioning, scanning, and maintaining visual supervision. Management will conduct ongoing classroom observations.	9.23.26	
8	251.055(1)(c) **Supervision - Opening & Closing Hours** Description: Staff B who did not complete the required entry level training was not working under the supervision of a qualified lead teacher and was providing sole supervision to a group of children during the last 2 hours of the day.	Training has been completed. Management will ensure that any staff who meet all required training are scheduled to supervise children independently	9.21.26	
9	251.055(2)(d) **Mixed Age Group With Children Under Age 2 - Group Size** Description: Maximum group size was exceeded when on 08/05/2026 in the infant classroom for approximately 11 minutes in the morning there were 11 children total, including 9 children under 18 months of age when the maximum allowed is 8.	Management will monitor group size and staffing throughout the day & adjust classroom assignments as needed to maintain required limits	9.21.26	

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10	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Parent authorization for administering medication was missing instructions and length of authorization. Blanket authorizations are prohibited.	• management will ensure all medication authorizations are complete & current.	9.24.26	
11	251.09(1)(e) **Infant & Toddler - Provider Training** Description: Staff B, a regularly assigned assistant teacher in the infant classroom, did not complete the required infant and toddler training within 6 months of assuming the position.	Staff B will complete the required Infant/Toddler Training. Management will monitor training records to ensure all required training is completed within the required time frame	10-9-26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
9/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed