

Date Correction Plan Due 9/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Lake Edge Learning Center		5000591305 / 001 - 2006476	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
1511 Nicolet Blvd Neenah WI 549562983		920-725-6139	6/18/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.06(2)(gm) <b>Premises - Well Drained, Clean, In Good Repair</b>  Description: A window in the Skunk room was cracked.	The window was taped until the church can get it repaired.	6/18/2025
2	251.07(6)(dm)1. <b>Medical Log Book</b>  Description: A new log book in the Bunny room failed to have numbered pages to the end of the book.	The book has been numbered.	6/18/2025

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.07(6)(dm)2. <b>Medical Log - Pages &amp; Entries</b>  Description: An entry failed to be made in ink as required, Deer log book contained a pencil entry dated 5/2/25.	Entry will be re-written and staff reminded - only ink.	9/3/25
4	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: A medication not currently authorized to be administered failed to be sent home-Ibuprofen.	All medications were checked and sent home or disposed of.	7/1/25

NAME - Agency Worker  
Ruth Sprangers

Date Issued  
8/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

9/3/2025