

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
3/4/2026

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 Lakeside Academy
Provider Number / Facility ID Number 2000589852 / 001 - 2004634

Address - Facility (Street, City, State, Zip Code) 651 E Imperial Dr Hartland WI 530292615
Telephone Number 262-369-6700
Date - Regulation Visit 2/17/2026

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)7. Staff Record - Continuing Education Description: Documentation of compliance with continuing education requirements was not observed for Staff D and Staff E during the monitoring visit.	*Hours have been found and documented in the appropriate place.	2/19/2026	
2	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Documentation of an orientation completed within the first week at the center was not observed for Staff D.	*Orientation form was in the wrong folder. It has been moved back.	2/19/2026	

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3 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Documentation of the director or the director's designee's review of records of injuries, in the medical logbook, with staff every 6 months was not observed in the Infant classroom and the Green Frogs classroom.	Director Reviewed all books and will do so in the future.	2/19/2026	

NAME - Agency Worker
 Tiisha Harrell, Crescenta Sabree

Date Issued
 2/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
 2/19/2026