

Date Correction Plan Due 5/15/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-448-7800
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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 202.066, DCF 250.04(2)(X) and (3)(g), DCF 251.04(2)(L) and (3)(N), DCF 262.41(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
2000589862 / 001 - 2004634

Address - Facility (Street, City, State, Zip Code)
651 E Imperial Dr Hartland WI 530292615
Telephone Number
262-389-6700

Date - Regulation Violation
4/24/2026

Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(8)(a) Mandated Reporting - Child Abuse & Neglect</p> <p>Description: Center staff failed to report an incident of suspected child abuse or neglect of a child in care to the county department of social services or human services when staff reported suspected child abuse and neglect to the center's administration on April 21, 2026, for an incident that occurred on April 10, 2026 but never reported the incident to the county department of social services or human services. Center staff witnessed and never reported an incident of suspected child abuse to a child in care which occurred on April 15, 2026.</p>	<p>Everyone was required to immediately redo the mandated reports training as well as signing an agreement at a retraining staff meeting</p>	5/12/26	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Lakeside Academy

2000569852 / 001 - 2004634

Address - Facility (Street, City, State, Zip Code)
651 E Imperial Dr Hartland WI 530292615

Telephone Number
262-369-6700

Date - Regulation Visit
4/24/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2 251.07(2)(e) Child Guidance - Prohibited Actions</p> <p>Description: Per self-report, a staff person "aggressively" sat a child down, multiple times, while outside, and used a kicking motion, striking a child, to shove a child forward into a classroom. The center also reported a staff person pulled multiple children by their arms, hit a child in the head, causing that child to fall over, pull a child by their legs, which caused the child to hit their head on the floor and used force to sit a child in a chair multiple times, all actions were potentially injurious to children in care and observed on center provided camera footage.</p>	<p>mandatory retraining and signing an agreement stating all staff understand proper child guidance in accordance with WI state licensing.</p>	4/30/26	
<p>3 251.07(2)(e)3. Prohibited Actions - Physical Restraint, Restriction, Enclosure</p> <p>Description: Per self-report and center camera footage, a staff was observed using a restraint/bear hug to restrict movement of a child by grabbing the child by the arm, pulling the child near and wrapping their arms around the child and holding the child while the child attempted to break free.</p>	<p>mandatory retraining and signing an agreement stating all staff understand that restraining a child in any way is prohibited</p>	4/30/26	

NAME - Agency Worker
Tisha Harrell

Date Issued
5/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tisha Harrell

Date Signed

5/11/26