

Date Correction Plan Due 6/13/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

Name - Certified Operator / Licensed Center B-G Club Sch Age - Lakeside		Provider Number / Facility ID Number 9000 59259 / 010 - 1013517		
Address - Facility (Street, City, State, Zip Code) 4991 S Us Highway 45 S Oshkosh WI 549027461		Telephone Number 920-233-1414	Date - Regulation Visit 5/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a) Child Record - Maintenance & Availability Description: Seven out of 8 files were missing an emergency contact person - see checklist Repeat violation: Previously cited on 11/1/2023	Emergency contacts will be added for start of next school year	9/3/24	
2	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Two qualified teachers did not have their registry certificate in there files after 6 months of employment - see checklist, Repeat violation: Previously cited on 11/1/2023	Registry certificate will be put in fill	6/1/24	

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4991 S Us Highway 45 S Oshkosh WI 549027461		920-233-1414	5/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)4.d. Staff Record - Educational Qualifications</p> <p>Description: One staff member did not have her qualifying course in her file after 6 months of employment - see checklist.</p>	Course record will be put in file	6/1/24	
4	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: Three staff did not have their CPR training certificates in their files after 3 months of employment - see checklist.</p> <p>Repeat violation: Previously cited on 11/1/2023, 12/1/2022</p>	Staff will receive cpr training	6/1/24	
5	<p>251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers</p> <p>Description: the small white refrigerators was missing a thermometer</p> <p>Repeat violation: Previously cited on 11/1/2023</p>	Thermometers will be added	6/1/24	

NAME - Agency Worker
Jill Kellner

Date Issued
5/30/2024

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SIGNATURE - Certified Operator or Designee / Licensee or Designee

Adam Cummings

Date Signed

6/2/2024
