

Date Correction Plan Due 6/7/2024	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 - Shapiro		Provider Number / Facility ID Number 9000 59259 / 004 - 420129		
Address - Facility (Street, City, State, Zip Code) 1050 W 18Th Ave Oshkosh WI 549026602		Telephone Number 920-233-1414	Date - Regulation Visit 5/20/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a) Child Record - Maintenance & Availability Description: One child did not have their parents contact information in their file - see checklist.	Information will be put in file	6/1/24	
2	251.05(2)(a) Staff Record - Maintenance & Availability Description: One staff member did not have a staff record form in her file. Repeat violation: Previously cited on 10/18/2023	Staff file put at site	5/22/24	

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1050 W 18Th Ave Oshkosh WI 549026602		920-233-1414	5/20/2024	
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3	251.055(1)(b) Supervision - Teacher Per Group Of Children Description: There was not a qualified lead teacher supervising each group of children on 5/20/24. The ratio is 1 staff to every 18 children. The facility needed 2 lead qualified teachers at the facility, and they had none. Repeat violation: Previously cited on 10/18/2023	Lead teacher registry will be updated	6/1/24	
4	251.07(5)(a)5.c. Menus - Available For Review Description: The May snack menu was not posted at the facility. Repeat violation: Previously cited on 10/18/2023	Snack menu posted	5/21/24	
5	251.07(6)(dm)1. Medical Log Book Description: The medical logbook did not have numbered pages.	Log book numbered		

6	<p>251.094(4)(a) School-Age Program Leader - Responsibilities</p> <p>Description: There was no school-age program leader at the facility.</p>			
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NAME - Agency Worker
 Jill Kellner

Date Issued
 5/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee Adam Cummings

6/28/2024

Date Signed

Name - Certified Operator / Licensed Center B-G Club Sch Age - Shapiro		Provider Number / Facility ID Number 9000 59259 / 004 - 420129		
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