

Date Correction Plan Due 12/3/2024	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 9000559259 / 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 11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: all ten children records checked did not have an emergency contact listed - they all had the parents name - see checklist. Repeat violation: Previously cited on 5/31/2023	Emergency Contact Information will be documented in all children records.	12/15/24	
2	251.05(2)(a) Staff Record - Maintenance & Availability Description: One staff member did not have a file at the facility - see checklist.	Files for each staff member will be placed at each site.	12/15/24	

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4991 S Us Highway 45 S Oshkosh WI 549027461		920-233-1414	11/13/2024	
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3	<p>251.05(2)(a)4.b. Staff Record - Registry Certificate - School Age Programs</p> <p>Description: Neither of the two staff at the facility on 11/13/24 had a registry certificate in their file - see checklist.</p> <p>Repeat violation: Previously cited on 5/31/2023</p>	Registry certificates will be put in their file for all lead teachers.	12/1/24	
4	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: one staff member did not have a current child abuse and neglect training in her file - see checklist.</p>	All staff will have Child Abuse and Neglect training in their file.	12/1/24	
5	<p>251.07(2)(e)2. Prohibited Actions - Verbal</p> <p>Description: The staff members at the facility made verbal threats to the children and were yelling at the children. One child started to cry when this was happening.</p>	Staff member will be terminated.	11/22/24	
6	<p>251.095(2m)(c) School-Age Care - Supervision Of Group Of Children</p> <p>Description: There was not a school-age program leader or child care teacher supervising the children on 11/13/24.</p>	Registered school-age program leader/teacher will be present at the Site.	12/15/24	

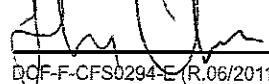
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Noncompliance Statement			

NAME - Agency Worker
Jill Kellner

Date Issued
11/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



11/25/24