

Date Correction Plan Due 5/23/2025	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		Provider Number / Facility ID Number	
B-G Club Sch Age - Lakeside		9000559259 / 010 - 1013517	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
4991 S Us Highway 45 S Oshkosh WI 549027461		920-233-1414	5/5/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a) Child Record - Maintenance & Availability Description: One child was missing their emergency contact on their enrollment form - see checklist. Repeat violation: Previously cited on 5/29/2024, 11/1/2023	All child forms will be updated.	5/28/25
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: One staff member did not have a CPR training certificate in their file after 3 moths of hire - see checklist. Repeat violation: Previously cited on 5/29/2024, 11/1/2023	All staff will have CPR.	5/28/25

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Date - Regulation Visit

5/5/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: One staff member did not have their biennial child abuse and neglect training in their file - theirs had expired in January of 2025 - see checklist. Repeat violation: Previously cited on 11/13/2024	All staff will have child abuse training form in their file.	5/28/25	
4	251.05(4)(c)9. Continuing Education - Documentation Of 12 Month Period Description: One staff member did not have their 15 hours of continuing education for the 2024 school year in their file - see checklist.	All staff will have continuing education in their file.	5/28/25	
5	251.06(3)(a) Emergencies - Written Plans Description: Their was no fire evacuation plan posted in the facility.	Fire evacuation plan will be posted.	5/28/25	
6	251.06(3)(b)2. Emergencies - Practice Written Plans Description: A fire drill was not documented as being practiced in April 2025	fire drills will be documented	5/28/25	

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 5/5/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The logbook was last reviewed on 5/22/24.	Medical log book will be reviewed	5/28/25

NAME - Agency Worker
Jill Kellner

Date Issued
5/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed