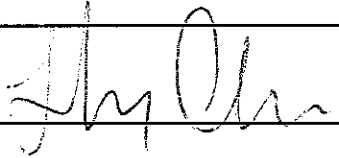


Date Correction Plan Due 12/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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		9000 59259 / 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	12/2/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: One staff member, #C, was missing her physical in her file after 30 days of employment - see checklist.	All staff will have a physical in their file 30 days after employment.	12/19/2025	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: One staff member, #C, did not have her CPR card in her file after 3 months of employment - see checklist. Repeat violation: Previously cited on 5/5/2025, 5/29/2024	All staff will have a CPR in their file 3 months after employment.	12/19/2025	



12/19/25

NAME - Agency Worker
Jill Kellner

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
DCF-F-CFS0294-E (R.06/2011)

Date Signed