Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL

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
Bears Club - Clayton School District	3000583173 / 001 - 2100428

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
236 Polk Ave W Clayton WI 540043520	715-948-2163	7/30/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(a) **Mandated Reporting - Child Abuse & Neglect** Description: Staff A and B were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Training will be given on a yearly scheduled inservice and during orientation of hiring. A copy will be kept in the classroom office + with the school's office.	8-7-26	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff A and B were missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	All staff will be on a scheduled bi-annual planned certification to maintain qualifications	8-26-26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Wendy Badzinski

Date Issued
7/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8-2-26