

Date Correction Plan Due
9/26/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

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 260.04(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

The Clubhouse Creative Kids Learning Center

Provider Number / Facility ID Number

0000585970 / 002 - 2006099

Address - Facility (Street, City, State, Zip Code)

222 Oak St Spooner WI 548011440

Telephone Number
715-939-1123

Date - Regulation Visit
8/15/2024

Received
State of Wisconsin
SEP 18 2024
DCF DECE BECR
WRO

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1 251.05(3)(c)
Cardiopulmonary Resuscitation Training

Description: Staff A, B and C 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.

Repeat violation: Previously cited on 11/21/2022

Staff A & C completed CPR, AED + first aid on Sept 4th. Proof in files.

9/4/24

Staff B will complete the training by 10/1/24

10/1/24

2 251.05(3)(cm)
Child Abuse & Neglect - Biennial Training

Description: Staff A, C and D were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.

Staff ABC & D have updated mandated reporter training. Proof in files.

9/12/24

Name - Certified Operator / Licensed Center

The Clubhouse Creative Kids Learning Center

Address - Facility (Street, City, State, Zip Code)

222 Oak St Spooner WI 548011440

Telephone Number

715-939-1123

Date - Regulation Visit

8/15/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills</p> <p>Description: There was no documentation of tornado drills practiced for 2024. The center is required to keep written records of dates and times of all the monthly tornado drills practiced during the months of April through October.</p>	<p>Tornado drills were practiced but staff failed to record them below the fire drills. The mistake has been corrected and the emergency drill board has been moved to outside the door to be visible</p>	<p>8/15 2024</p>	
4	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: An inspection of the medical log book revealed the log hasn't been reviewed every 6 months as required by rule.</p>	<p>The med log book has been reviewed and documented in red ink</p>	<p>8/15 2024</p>	

NAME - Agency Worker

Jennifer Slubbe

Date Issued

9/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer Slubbe

Date Signed

9/12/2024