

Date Correction Plan Due 10/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

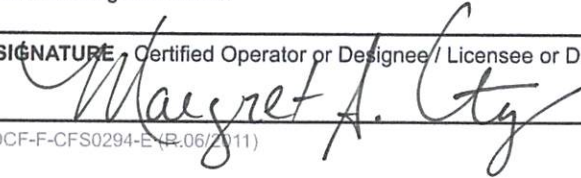
Name - Certified Operator / Licensed Center		Received State of Wisconsin	Provider Number / Facility ID Number	
Margret's Clubhouse			7000587707 / 001 - 2001062	
Address - Facility (Street, City, State, Zip Code)		OCT 29 2024	Telephone Number	
218 8Th Ave New Glarus WI 535749308		DCF DECE BECR SOUTHERN REGIONAL OFFICE	608-636-3062	
Rule/Statute Number		Correction Plan		Expected Completion Date
Noncompliance Statement				Verification Date
1	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The provider did not have documentation on file of having completed an accepted Child Abuse and Neglect training every 2 years.	<i>The Mandated Reporter Training was completed on 10/10/2024. It is posted in my childcare.</i>		<i>10/11/2024</i>
2	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: The provider did not complete and document at least 15 hours of qualifying continuing education annually. Repeat violation: Previously cited on 11/11/2022	<i>The issue is documenting. I will self-document on the Registry from now on.</i>		<i>10/8/2024 going forward</i>

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Address - Facility (Street, City, State, Zip Code) 218 8Th Ave New Glarus WI 535749308		Telephone Number 608-636-3062	Date - Regulation Visit 10/8/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
10/16/2024

SIGNATURE, Certified Operator or Designee / Licensee or Designee



Date Signed
10/21/2024