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| Date Correction Plan Due 6/24/2015 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | WESTERN REGION COMPLAINT CALL DCF DESE BEC |
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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)(f) 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.

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.

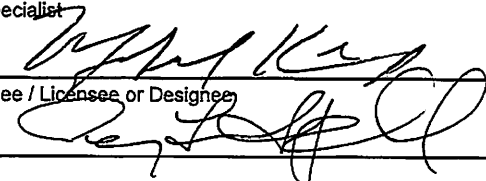
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|---|---|---|--------------------------------------|-------------------|
| Name - Certified Operator / Licensed Center Hand In Hand A Place For All Child | | Provider Number / Facility ID Number 2000556142 / 001 - 520077 | | |
| Address - Facility (Street, City, State, Zip Code) 800 Wisconsin St Box 13 Eau Claire WI 54703 | | Telephone Number 715-833-7744 | Date - Regulation Visit 6/10/2015 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | <p>251.04(2)(a) Compliance With Laws</p> <p>Description: Contrary to s.48.685(3)(bum) Wis. Stats., Staff G and Staff I do not have a completed Background Information a Disclosure form, nor Criminal Background Check results from the Department of Justice or Department of Health a Services, on file that has been updated within the past 12 months. Page 2 of the Department of Health Services results report was not observed in the file for Staff F.</p> | Background checks were completed | 7/1/15 | |
| 2 | <p>251.04(5)(a)1. Staff File - Staff Record Information</p> <p>Description: A completed Staff Record document was not observed in the file for Staff C.</p> | Staff completed document. | 6/18/15 | |

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| 3 251.05(1)(b) Shaken Baby Syndrome Prevention Training Description: Documentation of successful completion of Shaken Baby Syndrome Prevention training was not observed in the file for Staff E, Staff G and Staff I. | Staff turned in certificates New SIDS + SBS class is scheduled for July 29, 2015 | 8/1/15 | |
| 4 251.05(1)(L)1. Staff Health Examination - Requirements Description: A completed Staff Health Report document was not observed in the file for Staff C, Staff E, Staff G and Staff I. A TB test results report was not observed in the file for Staff C and Staff I. | Corporate sent over copies of missing staffs health forms | 6/16/15 | |
| 5 251.05(2)(a) Staff Orientation - Develop, Implement, Document Description: Documentation of completion of all required Staff Orientation requirements was not observed in the file for Staff A, Staff B, Staff C, Staff E, Staff F, Staff G, Staff H and Staff I. | Completed all staff orientations. | 6/30/15 | |

NAME - Certification Worker / Licensing Specialist
Michael Kemp

Date Issued
6/10/2015

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

6/30/15