

<b>Date Correction Plan Due</b> 9/27/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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.

<b>Name - Certified Operator / Licensed Center</b> Hand In Hand A Place For All Child		<b>Provider Number / Facility ID Number</b> 2000556142 / 001 - 520077		
<b>Address - Facility (Street, City, State, Zip Code)</b> 800 Wisconsin St Building 22 Eau Claire WI 547033521		<b>Telephone Number</b> 715-833-7744	<b>Date - Regulation Visit</b> 8/9/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #1, #2, #3 and #4 do not have documentation of a follow-up exam within the past 6 months.  Repeat violation: Previously cited on 5/16/2023	Every child who attends Hand in Hand under the age of two will have a Health exam not more than 6 months prior to nor later than 3 months after being admitted to Hand in Hand. A medical follow-up for each child must occur once every 6 months after this. Hand in Hand will be maintaining a spreadsheet for all children under the age of two to assure that correct and updated practices are in place regarding 251.04(6)8 a. This spreadsheet will be reviewed daily by our Administrative on-site Team. Parents and families will be provided with the specific documents, instructions and procedures of how to secure this information and return to Hand in Hand WHEN due.	10/14/2024	
2	251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: There was no documentation of Staff Record form information in the file for employee E.	A spreadsheet for all new and current Hand in Hand employees will be created at Hand in Hand which will include the data contained on STAFF RECORD CHECKLIST-GROUP CHILD CARE CENTERS, DCF-F-CFS1675A (R. 02/2023). This spreadsheet will be reviewed weekly by the Administrative Staff and Center Director to reflect and secure accurate updates, time-sensitive employee requirements and personal information. Moving forward, the Center Director will also oversee and some specific data (Staff Record forms, Orientation forms) in an initial onsite meeting with all new employees before they enter classrooms.	10/20/2024	

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3	<p>251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b></p> <p>Description: The file for Staff E did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.</p> <p>The files for Staff B and C did not contain documentation of a physical examination report that indicated they were physically able to work with young children.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>	<p>All new employees will set up an appointment for the Physical Examination and TB test when meeting with the onsite Director after the initial financial review outline meeting with the HR Director. That is, new employees will meet with the Director the first day of work and schedule their Physical, TB test. The Director will maintain this appt. schedule on our Center's Master Calendar.</p> <p>The Employees will be responsible for submitting the DCF-F-CFS0054 form to the Medical Staff, and having the certified Medical care team sign off the TB Test, the Physical Exam and the TB test results. This form will then be returned to the Center Director within the first two weeks of a new employees Hire date. The data re: all Staff Record-Physical forms and documentation will be available for preview, review and accessibility on both Hand in Hand's Spread Sheet for ALL employees, which is monitored weekly by the Administrative Staff and Center Director and in the employee files maintained by the Director in his/her office.</p>	10/31/2024	
4	<p>251.05(2)(a)4.a. <b>Staff Record - Registry Certificate</b></p> <p>Description: Staff G is missing a certificate from The Registry documenting that the person has met the educational qualifications for a teacher and has worked as a teacher for at least 6 months.</p>	<p>In the New Employee meeting with the onsite On-site Director an orientation plan will include a "walk-through" on having all Staff get registered on the the WI Registry. Staff will be informed of the necessary information needed to register and provide assistance to new employees as they complete the online WI Registry online process. The WI Registry site is monitored weekly by the site Director. Individual Registry certificates, levels and information is recorded in our newly created Spreadsheet accessible to our Administrative Team and Center Director. This will be an on-going training and follow-up in working with The WI State Registry and our employees.</p>	10/31/2024	

5	<p>251.05(2)(a)5. Staff Record - High School Diploma</p> <p>Description: Staff G, a teacher, did not have documentation of a high school diploma or its equivalent in her staff record file.</p>	<p>All employees will be requested to a copy of their High School diplomas, GED or HSED or High School equivalency certification within four weeks of employee hire. Employees will be requested to forward this data to the Center Director to review for accuracy and authenticity. This data will then be recorded and maintained in a new Staff Spread Sheet data base program created at Hand in Hand, specifically for Employee Staff Record Data.</p>	<p>Moving forward, the High school diplomas for new employees will be filed within four weeks of the employee's hire date.</p>	
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6	<p>251.05(3)(b) Abusive Head Trauma Prevention Training</p> <p>Description: Documentation of completion of Abusive Head Trauma (AHT) training (or Shaken Baby Syndrome (SBS) Prevention, if taken prior to 8/31/20) was not observed in the file for Staff C. AHT/SBS training is required to be completed before a child care worker begins to work with children under age 5.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>	<p>We have reviewed all of our files to validate that all current and onboarding Staff have secured their AHT training prior to working with children in the Center. Any employee not certified in in AHT must complete this course before working with children under the age of 5 in our Center. All new Staff will have completed the Abusive Head Trauma training (Shaken Baby Syndrome Prevention) upon hire in their training session under the direction and supervision of the Center director.</p> <p>Moving forward this data will now be recorded, reviewed and updated on a spreadsheet created and updated by the Administrative team and Director of Hand in Hand. This data will be checked daily to maintain Center compliance of AHT (SBS) for all current Center employees.</p>	<p>Any Staff on file missing the AHT training are being mandated to take and pass the training before they will be allowed to work with children in our Center. We have initiated this correction as of 9/15/2024. We will move forward to maintain this procedure with documentation in a newly created Spread Sheet which will include all Staff training information; reviewed daily by the Administrative team and Center Director.</p> <p>As of 9/27/2024 all employee certifications are current.</p>	

	<p>9/27/2024</p>	<p>We have reviewed all records of current and onboarding Staff members. We are mandating that any employee who is not current with their Child Abuse &amp; Neglect training complete the online course. Staff members will not be able to work in classrooms or with children until this course is completed.</p> <p>Because this is a Biennial Training, (once every other year), we will review Staff records annually to determine which Staff members need to secure this training.</p> <p>We have created a new Spreadsheet system with all employee data reflecting their "Staff Record Checklist" information. This Spreadsheet is being reviewed, updated and maintained on a daily basis by our Administrative Team and Center director to maintain accuracy and compliance with mandated trainings.</p>	<p>251.05(3)(cm)  <b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: Staff C, E, H and J were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>
	<p>As a Center, we have created a new Spreadsheet system that maintains data and progress for all employees re: trainings, requirements and state mandates. Our Administrative Team and Center director maintains and reviews this data daily, making sure all employees are up to</p>	<p>All Staff files have been reviewed for accuracy re: entry level training and the necessary completion of approved educational courses in Early Childcare Education. Current employees without training will need to complete their training within six months of their initial hire date. Moving forward, new and onboarding Staff will sign up for online trainings as part of an initial new program in which the Director and new employees will meet prior to working in classrooms. The enrollment for required coursework (using the Education Station) will be explained and initiated at this time. Staff will need to complete this course within 6 months of their hire date in order to maintain working status with our Center.</p>	<p>251.05(3)(g)2.  <b>Assistant Child Care Teacher - Qualifications</b></p> <p>Description: An assistant teacher is required to complete entry level training within 6 months of the hired date. There was no documentation of completion of a non-credit department-approved course or a credit course in early childhood education for Staff B, who has been employed at the center for longer than 6 months.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>

		<p>date on required trainings, information and personnel files.</p> <p>As we move forward, all staff will complete the non-credit approved course within 6 months of their hire Dates to maintain employment with our Center.</p> <p>This is an on-going goal which be effective as of 9/15/2024.</p>
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9	<p>251.05(3)(gr)3.a. <b>Meal Prep Personnel - Training</b></p> <p>Description: Rule states that any staff who prepares meals shall document annual training of at least 1 hour in kitchen sanitation, food handling or nutrition. Staff J was missing documentation of this training for 2023.</p>	<p>Staff J has been presented with an annual Training plan which includes at least one hour of Kitchen sanitation, Food handling or Nutrition. This plan has been selected for Staff J in the format of online trainings using options including: Safe Serve, Healthy Bites, Youngstar's online trainings in Balancing menus and Using Local food sources to other State and Federal trainings offered online.</p>	<p>Staff J will have completed the necessary coursework within the next month: completion date expectation, 10/31/2024.</p>
10	<p>251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b></p> <p>Description: Contrary to rule, Staff C, G and H did not have documentation of enough hours to meet the yearly requirement of 15 continuing education hours needed in 2023.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>	<p>All Staff have been informed of the Continuing Education Requirement for full time Staff. (15 credits annually). The Administrative Team and Director have created a Spreadsheet which lists employees individually with accurate and up to date f accrued Continuing Education credits. The Center Director and Lead Administrator have researched and provided ideas for additional Continuing Education hours for all employees. Additionally, the Center Director has created monthly Professional training sessions with specific Early</p>	<p>The Administrative Assistant has created a Spreadsheet for securing ALL Continuing Education hours in a Digital format. The Center Director reviews this data with the Administrative Assistant weekly. This</p>

		Education topics, Guest Speakers and Trainings which can provides a One Hour training credit if signed off with the Center's corresponding Licensing Agent. (J.Stubbe).The Administrative Assistant maintains a digital record of all Continuing Education credit hours for accuracy of Staff in maintaining the Continue Education Requirement.	will help provide accurate access to completed hours needed annually (15) and serve as a checkpoint to maintain employee annual expectations re: the 15 annual Continuing Education hours necessary for teaching employees.	
11	<p>251.055(1)(c)  <b>Supervision - Opening &amp; Closing Hours</b></p> <p>Description: An assistant teacher was providing sole supervision to a group of children outside the first two/last two hours of center operation and two-hours of a designated nap time during the licensing visit.</p>	Moving forward, our on-site Administrator in charge of daily scheduling along with the Company's V.P. and site Director will review the Daily Schedules prior to the day's shifts to ensure that all classrooms are staffed correctly with certied teachers. The day's scheduling will be completed via the Senior desk Administrator. Securing all classrooms with Lead Teachers during the hours between the 8:00 A.M. and 4:00 P.M. will be both scheduled and maintained under the guidance the Administrative Team and Center Director.	As of 8/12/2024 our Lead Administrator has continued to plan specific Staff schedules maintaining coverages in from 8:00 A/M. until 4:00 P.M. using only Lead teachers. This schedule has been actively supervised by the Administrative Team and Center Director to ensure Certified Supervision during specific Center hours.	

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12	<p>251.07(6)(dm)1. Medical Log Book</p> <p>Description: The med log book in the Sea Turtles room was not numbered all the way through the book as is required by rule.</p>	<p>New Medical Log books have been distributed to all of the classrooms on-site with specific State of WI licensing directions. This includes numbering every page individually from page one to the final page of the notebooks. Staff have been directed to keep all pages intact, recording medical information from page one on, and throughout the Log Book until it is completely filled.</p>	<p>New Log Books with specific written instructions were distributed to all Staff members on: 8/24/2024. Highlights of how to record data, including numbering pages was demonstrated for the Staff.</p>	
13	<p>251.07(6)(dm)2. Medical Log - Pages &amp; Entries</p> <p>Description: The med log book in the Sea Turtles room had a page ripped out of the back of the book. Per rule, pages may not be removed from the medical log book.</p>	<p>All Staff were briefed on the WI state requirements and expectations for using, maintaining and recording data in the Medical Log books in an email and Staff meeting, including information to number each page individually use every page in the notebook. New Medical Log books and a written sheet of expectations were distributed to all Staff on 8/24/2024. All new staff will receive training in this protocol upon hiring training.</p>	<p>New Medical Log books were distributed to all classrooms on 8/24/2024. Moving forward, monthly reviews and sign offs in the of the Medical Log books will be completed by the Center Director.</p>	
14	<p>251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: An inspection of the medical log book in the Sea Turtles room revealed the log hasn't been reviewed every 6 months as required by rule.</p>	<p>All of the Medical Log books on site will be reviewed and signed off by the Center Director on a Monthly basis. This process will begin as 10/01/2024</p>	<p>10/01/2024</p> <p>Collection of Medical Log Books will occur the 1<sup>st</sup> of every month moving forward. The Center director will review all injury reports and sign off in complete sentences and via complete name.</p>	

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15	<p>251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b></p> <p>Description: On file for two children in the Seahorse room were blanket medical authorizations for liquid Tylenol that exceeded the length of time specified on the labels. Blanket authorizations are prohibited when they exceed the length of time specified on the label.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>	<p>We will monitor and pull any medication for the children that has "blanket" authorizations (medications that have exceeded the length). Medications will be immediately removed from the classroom when they exceeded the label specific length of time.</p>	<p>Effective: 8/12/2024</p> <p>We have removed the liquid Tylenol out of the Seahorse classroom due to the information that it exceeded the length of time specified. Classroom Teachers and Administrative Assistants have been trained and are aware of the necessary protocol of Medical authorizations and Medicine on site.</p>	
16	<p>251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b></p> <p>Description: Intake for Children Under 2 forms in the Seahorse room were missing documentation of having been updated every three months to reflect changes in the child's development and routines based on discussion with the parent.</p> <p>Repeat violation: Previously cited on 5/16/2023</p>	<p>We have reviewed all of our records and documentation data of Intake forms for Children Under 2 which need to be updated every three months to reflect changes in the child's development and routines based on discussion with the parents, teachers and any medical staff inclusively.</p> <p>We will continue to maintain, update and modify information and documentation every month to maintain accuracy and changes in individual children's development via documentation.</p>	<p>All Staff working with children under the age of two have been trained to maintain Documenting Changes in Development as of 8/15/2024.</p>	



NAME - Agency Worker  
Jennifer Stubbe

Date Issued  
9/13/2024

Claudia B. Cournoyer

*Claudia B. Cournoyer* 9/27/24

9/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed