

Date Correction Plan Due 9/6/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

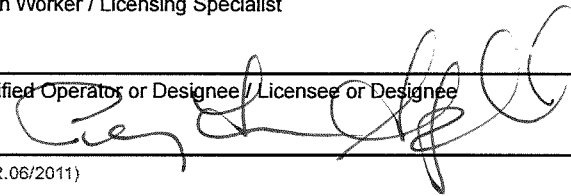
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Hand In Hand A Place For All Child		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 8/21/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	<p>251.05(1)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: On 8/21/19, employee B and C have not completed the infant and child cardiopulmonary resuscitation and automated external defibrillator training within 6 months after beginning to work with children.</p> <p>Repeat violation: Previously cited on 2/1/2019, 7/30/2018, 2/6/2018</p>	<p><i>CPR is scheduled for 9/23/19. all employees not in compliance were instructed to be there, or get the training on their time before 9/30/19</i></p>	9/30/19
2	<p>251.08(7)(b) Vehicle - First Aid Kit</p> <p>Description: On 8/21/19, the center-provided vehicles were not equipped with a first aid kit.</p>	<p><i>first aid kits have been purchased and upon arrival will be put in the vans</i></p>	9/30/19

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			Verification Date

NAME - Certification Worker / Licensing Specialist
Sarah Yang

Date Issued
8/23/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
9/5/19