

SEP 30 2015

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 10/6/2015	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	WESTERN REGION DCF-DECE-BEGR TO FILE A COMPLAINT CALL 715-836-2185
---------------------------------------	--	--

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.

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 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 9/22/2015	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: 9 children were observed in the Flounder Room. 8 children were signed-in on the attendance record.	I addressed the issue with the staff member emphasizing the importance of on going accurate record keeping of children in attendance. It is also on the agenda for our staff meeting 10/7/15	10/7/15	
2	251.06(5)(a) Condition Of Premises Description: The hot water on one of the child-use sinks outside of the Manatee Room was inoperative. Repeat violation: Previously cited on 7/3/2014	The hot water was turned off when the sink was replaced. It has now been turned back on	9/28/15	

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 9/22/2015	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(5)(d) Cleanliness Of Equipment, Furnishings, Sanitation Of Eating Surfaces Description: The carpet in the Lobster Room was observed to be dirty and stained.	<i>New</i> Rugs had been purchased and have since been distributed and replaced.	9/28/15	

NAME - Certification Worker / Licensing Specialist
Michael Kemp

Date Issued
9/22/2015

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

9/29/15