

Date Correction Plan Due 4/24/2017	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-836-2185
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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.

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 4/3/2017
	Rule/Statute Number 251.05(1)(b)	Correction Plan	Expected Completion Date
Noncompliance Statement	Shaken Baby Syndrome Prevention Training Description: Documentation of completion of Shaken Baby Syndrome Prevention training was not observed in the file for staff A. A department approved training in shaken baby syndrome prevention is required to be completed before a child care worker begins to work with children under age 5. Repeat violation: Previously cited on 6/10/2015		
1	1) Staff meeting all employees watched Shaken Baby Training video. 2) All future employees will sign the bottom of orientation checklist verifying they watched the Shaken baby video.		4/12/17

NAME - Certification Worker / Licensing Specialist Sarah Yang	Date Issued 4/10/2017
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 4/18/17

**Staff and Child Identification Key
Confidential Information – Do Not Post**

Use of form: Use of this form is voluntary; however, because Noncompliance Statements and Correction Plans are posted on the Regulated Child Care and YoungStar Public Search website, a key must be used to protect the confidentiality of children and staff names for noncompliance statements and other documents.

Instructions – Licensed programs: Noncompliance Statement and Correction Plan (DCF-F-CFS0294-E) and enforcement action documents must be posted next to the license certificate. However, this identification key contains confidential information, and **must not be posted** next to those documents. Post the attached document as required and keep this identification key on file for reference purposes.

Instructions – Certified programs: Noncompliance Statement and Correction Plan (DCF-F-CFS0294-E) are not required to be posted next to the certificate. If you choose to post your Noncompliance Statement and Correction Plans, do not post this document. It contains confidential information and should be kept on file for reference purposes.

Name – Facility / Program		
Hand in Hand A Place for All children		
Facility ID / Provider Number	520077	
Date (mm/dd/yyyy)	4/10/2017	

Form completed as attachment to Noncompliance Statement Enforcement Document Complaint Document Other

CHILD		STAFF / FAMILY MEMBER / OTHER ADULT	
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ID	NAME	BIRTHDATE	ID	NAME	POSITION / RELATIONSHIP
1			A	Brittany Farthing	Assistant Teacher
2			B		
3			C		
4			D		
5			E		
6			F		
7			G		
8			H		
9			I		
10			J		
11			K		
12			L		
13			M		
14			N		
15			O		
16			P		
17			Q		
18			R		
19			S		
20			T		