

Date Correction Plan Due 9/3/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
---	--	---

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 Journey Above Childcare Center		Provider Number / Facility ID Number 0000587100 / 001 - 2000245		
Address - Facility (Street, City, State, Zip Code) 244 Jefferson St Oregon WI 535751317		Telephone Number 608-835-8000	Date - Regulation Visit 8/20/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(g) Copy Of Policies Available Description: A copy of the child care policies of the center were not available to the parents in an area of the center accessible to parents.	A Copy of our policy book was put in empty mailbox and it was labeled	8/22/19	
2	251.04(6)(c)1. Medical Log - Requirements Description: The medical logbook on the 2nd floor did not have the pages numbered and a page had been removed.	New medical log book is in place and all pages are numbered	8/23/19	

Name - Certified Operator / Licensed Center Journey Above Childcare Center		Provider Number / Facility ID Number 0000587100 / 001 - 2000245	
Address - Facility (Street, City, State, Zip Code) 244 Jefferson St Oregon WI 535751317		Telephone Number 608-835-8000	Date - Regulation Visit 8/20/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(1)(b) Shaken Baby Syndrome Prevention Training Description: Child care worker A who provides care and supervision to children under 5 years of age did not receive department-approved training in shaken baby syndrome and impacted babies and appropriate ways to manage crying, fussing or distraught children prior to working at the center.	Staff members SBS Certificate was Printed and put in her file.	8/23/19
4	251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Employees A & B, in regular contact with children did not obtain and maintain a current certificate of completion for infant and child cardiopulmonary resuscitation and automated external defibrillator use from an agency approved by the department within 6 months after beginning to work with children.	All teachers will receive + be up- to-date on CPR/AED training	10/31/19
5	251.06(2)(a) Potential Source Of Harm On Premises Description: The outdoor play space was not free of hazards. There was a large metal shovel accessible to children on the playground.	Shovel was put in grey locked Shed	8/23/19

Name - Certified Operator / Licensed Center Journey Above Childcare Center		Provider Number / Facility ID Number 0000587100 / 001 - 2000245	
Address - Facility (Street, City, State, Zip Code) 244 Jefferson St Oregon WA 97137		Telephone Number 608-835-8000	Date - Regulation Visit 8/20/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
6	251.06(4)(h) Storage Areas Under Stairs Description: Areas under the stairs was used for storage. There was art work, chair and a shelf with toys and stereo equipment under the stairs in the first floor classroom. Repeat violation: Previously cited on 9/4/2018	all items that are not metal will be removed from under stairs	8/30/19
7	251.06(7)(a) Indoor Space - Square Footage Per Child Description: The space used by children was less than 35 square feet of usable floor space for each child. A group of 13 children were in in the second floor classrooms and the maximum capacity for the second floor is 10 children.	No more than 10 Children allowed upstairs at one time.	8/22/19
8	251.07(6)(j)9. Reviewing Injury Records Description: Records of injuries shall be reviewed by the director or designated person with staff every 6 months in order to ensure that all possible preventive measures are being taken. There shall be documentation in the medical log book that reviews have taken place. Accident log book last reviewed 7/12/18. Repeat violation: Previously cited on 9/7/2017	Upstairs medical log book will be reviewed at the same time as the one downstairs	8/23/19

Name - Certified Operator / Licensed Center Journey Above Childcare Center		Provider Number / Facility ID Number 0000587100 / 001 - 2000245	
Address - Facility (Street, City, State, Zip Code) 244 Jefferson St Oregon WI 535751317		Telephone Number 608-835-8000	Date - Regulation Visit 8/20/2019
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Certification Worker / Licensing Specialist
Jill Krieger

Date Issued
8/20/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCF-F-050284-E/R 06/2011

Page 4 of 4