

<b>Date Correction Plan Due</b> 3/18/2021	<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> Blue Giraffe And Friends Childcare		<b>Provider Number / Facility ID Number</b> 8000588918 / 001 - 2002937		
<b>Address - Facility (Street, City, State, Zip Code)</b> 409 N L St Sparta WI 546561639		<b>Telephone Number</b> 608-269-8168	<b>Date - Regulation Visit</b> 2/24/2021	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(2)(i)1.a. <b>Monitoring Results Posted</b>  Description: The monitoring results and correction plan from the most recent licensing inspection was not posted.	<i>These pages will be posted.</i>	3/5/21	
2	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center, and a follow-up health examination at least once every 2 years thereafter. Child record #8 did not have documentation of a follow-up health examination at least every 2 years.	<i>I have the additional health report on her file</i>	3/1/21	



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3	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: An Immunization record was not observed in the file for Child #7.	Mom brought in immunization info on 3/1/21	3/1/21	
4	250.04(8)(b) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	I hope to finish this in 2 or 3 weeks		
5	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: Provider did not have documentation of the yearly requirement of 15 hours of continuing education for 2019 and 2020.	I will get the training going forward.		
6	250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b>  Description: Disinfecting wipes, which are labeled "keep out of reach of children", were observed on a table in the play room accessible to children. Also, personal care items, also labeled "keep out of reach of children", were accessible to children in a drawer in the bathroom.  Repeat violation: Previously cited on 10/21/2019	I have installed a lockable cabinet for this item.	3/1/21	

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**NAME - Certification Worker / Licensing Specialist**  
Jennifer Stubbe

**Date Issued**  
3/4/2021

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

3/4/21