

Date Correction Plan Due 11/4/2024	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 Building Blocks Child Care		Provider Number / Facility ID Number 7000584937 / 001 - 1014404		
Address - Facility (Street, City, State, Zip Code) N5178 Perch Lake Rd Spooner WI 548018613		Telephone Number 715-520-0336	Date - Regulation Visit 10/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Receive and keep documentation of completed child abuse and neglect laws, identification, and reporting.	10/24/24	
2	250.05(3)(g) Provider Training - Abusive Head Trauma Description: An emergency backup provider that was being used on the day of an attempted monitoring visit did not complete AHT (abuse head trauma training) prior to being used as an emergency backup provider as is required by rule.	Make sure any future potential emergency back up providers have all required training prior to leaving them w/ children.	10/24/24	

Name - Certified Operator / Licensed Center Building Blocks Child Care		Provider Number / Facility ID Number 7000684937 / 001 - 1014404	
Address - Facility (Street, City, State, Zip Code) N5178 Perch Lake Rd Spooner WI 548018613		Telephone Number 715-520-0336	Date - Regulation Visit 10/17/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.06(6)(b)3.a. Private Well - Lead Test Description: Family providers were required by rule to get a lead test done on their private well after March 2023. A lead test was not completed on the provider's private well when the other required annual tests were completed later in 2023.	Have private well tested for lead at time of annual water test.	11/15/24

NAME - Agency Worker
Jennifer Stubbe, Wendy Badzinski

Date Issued
10/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/24/2024