

Date Correction Plan Due 10/17/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
-----------------------------------------------	----------------------------------------------------	---------------------------------

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 Learning Center		Provider Number / Facility ID Number 1000592151 / 001		
Address - Facility (Street, City, State, Zip Code) 6743 W Sheridan Ave Milwaukee WI 532183125		Telephone Number 414-366-8087	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(a)2. Each Child Care Operator Shall Demonstrate That The Operator Is Free From Tuberculosis Prior To Initial Certification. Each Provider Shall Demonstrate That He Or She Is Free From Tuberculosis Prior To The Date The Provider Begins Working With Children In Care. Description: There was no TB screening on file for Staff A.	Making sure all my staff in the ones in the future that I plan to hire have there TB screening completed.	10/24/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Building Blocks Learning Center		1000592151 / 001		
Address - Facility (Street, City, State, Zip Code) 6743 W Sheridan Ave Milwaukee WI 532183125		Telephone Number 414-366-8087	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(1)(b)3.b. Each Certified Child Care Operator And Each Provider Shall Comply With S. 48.651 And Complete A Non-Credit Course In Operating A Child Care Business That Is Approved By The Department Or A Course For Credit In Business Or Program Administration.</p> <p>Description: Proof of completing Fundamentals of Family Child Care or equivalent was not available for review for Staff A.</p>	Email over all credentials	10/03/25	
3	<p>202.08(1)(b)3.d. Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.</p> <p>Description: A CPR certificate was not available for review for Staff A.</p>	Email over all credentials	10/03/25	
4	<p>202.08(1)(b)4.c. A Provider Working In A Regular Or Provisional Certified Child Care Program Shall Successfully Complete Department-Approved Preservice Training Under Subd. 3. By 3 Months After Work Commencing.</p> <p>Description: Staff A did not complete preservice training within three months of beginning work in the child care program.</p>	Provide the proper materials some Staff A could complete the training course	10/24/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Building Blocks Learning Center		1000592151 / 001		
Address - Facility (Street, City, State, Zip Code) 6743 W Sheridan Ave Milwaukee WI 532183125		Telephone Number 414-366-8087	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
5	<p>202.08(12)(c) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.</p> <p>Description: There were no contracts on file for children #1-#8.</p>	Provided file to parent for completion.	10/24/25	
6	<p>202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: The Enrollment and Health History forms were incomplete for children #1-#4, #7 and #8.</p>	Provided file to parent for completion.	10/24/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Building Blocks Learning Center		1000592151 / 001		
Address - Facility (Street, City, State, Zip Code) 6743 W Sheridan Ave Milwaukee WI 532183125		Telephone Number 414-366-8087	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	202.08(1m)(a)8. A Certified Child Care Operator Shall Maintain A Current Written Record On Each Child In Care, Including The Provider's Own Children Under 7 Years Of Age, And Make The Record Available To A Child Care Certification Worker Upon Request. Description: There is was no file on site for children #5 and #6.	Provided file to parent for completion.	10/24/25	
8	202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School. Description: There was no Health Report on file for child #2.	Provided file to parent for completion.	10/24/25	
9	202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144. Description: There was no immunization on file for child #2.	Provided file to parent for completion.	10/24/25	

Name - Certified Operator / Licensed Center Building Blocks Learning Center		Provider Number / Facility ID Number 1000592151 / 001		
Address - Facility (Street, City, State, Zip Code) 6743 W Sheridan Ave Milwaukee WI 532183125		Telephone Number 414-366-8087	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The emergency plan did not include procedures for tornado, floods extreme outdoor heat or cold, loss of building services, human caused events, allergic reactions, lost or missing children, and a provider's own emergency.</p>	Write up a plan and provide it to my worker.	10/21/25	
11	<p>202.08(4m)(b) An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies.</p> <p>Description: The operator did not have a written plan to prevent and respond to allergies.</p>	Write up a plan and provide it to my worker.	10/21/25	

NAME - Agency Worker
Deborah Kersting

Date Issued
10/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed