Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
4/14/2022	PLAN	920-765-7811

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)(i), DCF 251.04(2)(i) and (3)(i), 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 senction 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 senction and / or penalty and your appeal rights.

Name - Certified Ope	satur / Licensed Center	Provid	Provider Number / Facility ID Number		
Building Blocks Childcare Lic 10005					
Address - Facility (Street, City, State, Zip Code) 110 W Ormsby St Oxford WI 53952		Telephone Number 608-596-5838	Date - Regulation Visit 3/28/2022		
1	tule/Statute Number compliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Description: E failed to notify	istruction Or Remodeling  Based upon observation on March 28, 2022, the licensee by the Department prior to the installation of new flooring in 121 and new plumbing fixtures in December 2021 and 122.	In the future any renovations made will be Submitted to licensing prior to the work being done	4/1/22		
Description: E Child Record	im.  I - Immunization History  Based upon review on March 28, 2022, Child #5 of the Checklist did not have immunization history on file.  ion: Previously cited on 7/21/2021	Parent turned in Immunization Print out	4/1/22	,	

Nan	ne - Certified Operator / Licensed Center	Provi	der Number / Facility ID Nu	mber	
	ding Blocks Childcare Llc	1000590391 / 001 - 2005288			
Address - Facility (Street, City, State, Zip Code) 110 W Ormsby St Oxford WI 53952		Telephone Number 608-586-5838	Date - Regulation Visit 3/28/2022		
The state of the s	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.05(2)(a)1.  Staff Record - Personal Information  Description: Based upon review on March 28, 2022, Staff Member A of the Staff Record Checklist did not have personal information on file prior to beginning to work with children.	When hiring new Staff this will be requested with all new employee paperwork.	4/1/22	2011	
4	251.06(9)(b)1.  Kitchen Utensils & Surfaces - Clean & Sanitize  Description: Based upon observation on March 28, 2022, the refrigerator in the toddler room had dried milk on the shelves and in the door where breast milk was stored.	The fridge was Cleaned and Sanitized after the visit.	3/29/22		
5	251.06(9)(d)1.c.  Food Storage - Cold Storage Thermometers  Description: Based upon observation on March 28, 2022, there was no thermometer located in the refrigerator in the toddler room.	Thermometer has been replaced.	4/4/22		

NAME - Certification Worker / Licensing Specialist Jamie Brandt, Jill Kellner	Date Issued 3/31/2022	And the second second second second second second
SIGNATURE - Certified Operator or Designee / Licensee or Designee  Suman Ha Hicks	Date Signed	
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