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|---|--|---|
| <b>Date Correction Plan Due</b><br>11/26/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>262-446-7800 |
|---|--|---|

**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><br>Danielles Building Blocks Lic                  |   | <b>Provider Number / Facility ID Number</b><br>1000589511 / 001 - 2003925 |   |                          |                   |         |  |
|--|---|---|---|--------------------------|-------------------|---------|--|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>4508 Pershing Blvd Kenosha WI 531443500 |   | <b>Telephone Number</b><br>262-496-1193                                   | <b>Date - Regulation Visit</b><br>11/12/2025  |                          |                   |         |  |
|  | <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b><br><br>1 250.04(6)(a)1m.e.<br><b>Child Record - Health History - Medical Conditions</b><br><br>Description: Documentation of any medical condition was not observed on the health history form for a child.<br><br>Repeat violation: Previously cited on 9/17/2024 | <b>Correction Plan</b><br><br>Parent will fix health form                 | <table border="1"> <thead> <tr> <th data-bbox="1377 808 1562 850">Expected Completion Date</th> <th data-bbox="1562 808 1690 850">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1377 850 1562 1065">6/26/24</td> <td data-bbox="1562 850 1690 1065"></td> </tr> </tbody> </table> | Expected Completion Date | Verification Date | 6/26/24 |  |
| Expected Completion Date   | Verification Date   |   |   |                          |                   |         |  |
| 6/26/24  |   |   |   |                          |                   |         |  |
|  | 2 250.04(6)(a)4.<br><b>Child Record - Physical Exam</b><br><br>Description: Documentation of a physical exam was not observed for a child.  | Physical exam form will be in child folder                                | <table border="1"> <tbody> <tr> <td data-bbox="1377 1068 1562 1268">6/26/24</td> <td data-bbox="1562 1068 1690 1268"></td> </tr> </tbody> </table>  | 6/26/24                  |                   |         |  |
| 6/26/24  |   |   |   |                          |                   |         |  |

Name - Certified Operator / Licensed Center

Danielles Building Blocks Llc

Provider Number / Facility ID Number

1000589511 / 001 - 2003925

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4508 Pershing Blvd Kenosha WI 531443500

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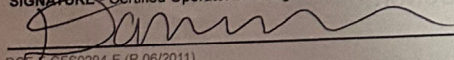
Date - Regulation Visit  
11/12/2025

|   | Rule/Statute Number<br>Noncompliance Statement   | Correction Plan                                     | Expected<br>Completion Date | Verification<br>Date |
|---|--|---|-----------------------------|----------------------|
| 3 | 250.04(6)(a)4m.<br><b>Child Record - Immunization History Compliance</b><br><br>Description: Documentation of immunizations was not observed for 2 children<br><br>Repeat violation: Previously cited on 9/17/2024 | Parent will have it done                            | 6/26/26                     |                      |
| 4 | 250.06(2)(m)<br><b>Premises - Condition &amp; Repair</b><br><br>Description: A step to the deck was not in good repair.  | <del>Deck</del> step will be fixed                  | 6/26/26                     |                      |
| 5 | 250.07(6)(g)1.<br><b>Hand &amp; Face Washing</b><br><br>Description: Children did not wash their hands before lunch.   | Children will wash hands before and after each meal | 6/26/26                     |                      |

NAME - Agency Worker  
Colleen Hanser

Date Issued  
11/12/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed