

Date Correction Plan Due  
2/20/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
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)(f) 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  
Bookworm's Learning Center  
Provider Number / Facility ID Number  
6000590016 / 001 - 2004909

Address - Facility (Street, City, State, Zip Code)  
2963 N 24Th Pl Milwaukee WI 532061108  
Telephone Number  
414-366-6771  
Date - Regulation Visit  
2/5/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)1. Child Record - Enrollment Information</p> <p>Description: Several forms had incomplete information including: Child 2 - birthdate; medical provider; enrollment date Child 3 - medical provider; authorizations for pick-up; enrollment date</p> <p>Repeat violation: Previously cited on 11/28/2022, 2/21/2022</p>	<p>Already corrected</p>	<p>Done</p>	<p>2/20/24</p>
<p>2 250.04(6)(a)1m. Child Record - Health History</p> <p>Description: Child 1 and 3 did not have health history forms on file.</p>	<p>check all files added health history forms</p>	<p>Done</p>	<p>2/20/24</p>

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Provider did not complete an approved training within the past two years.	Take class again	Class is 4/11	4/11
4 250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Provider did not have documentation of child abuse and neglect training within the past two years.	Moved item to correct area located cabinet	Done	2/21/24 <del>4/15</del>
5 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: An unsecured drawer in the kitchen contained insecticidal gel, tools, and a sharp knife. There was deodorant spray within reach in the bathroom. Items are labeled <input type="checkbox"/> Keep out of reach of children <input type="checkbox"/>	Moved item to the correct shelf	Done	2/21/24
6 250.06(2)(e) Potential Source Of Harm On Premises Description: The backyard was used to store a trailer that had sharp and rusty edges. There were remnants of a broken fence underneath the trailer.	Moved broken fence working on moving trailer	4/15	4/15

Name - Certified Operator / Licensed Center

Blockworm's Learning Center

Address - Facility (Street, City, State, Zip Code)  
2003 N 24TH Pl Milwaukee WI 532061108

Provider Number / Facility ID Number  
6000590016 / 001 - 2004909

Telephone Number  
414-366-6771

Date - Regulation Visit  
2/5/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.06(2)(b)1 b Radon - Testing, Current Providers Description: Radon testing has not been completed.	Have to order	Plan to order by 4/15	
8 250.06(7)(a)1 Exits - Unobstructed Description: The secondary exit was locked and required a key to unlock it, which prevents the ability to exit during an emergency.	Working to change It by 4/15 as well	4/15	

State Agency Worker  
Name: [Redacted] Mary [Redacted]

Date Issued  
2/6/2024

Signature: [Handwritten Signature]

Date Signed

2/21/24