

Date Correction Plan Due
12/20/2021

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 252.4(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
Smiley Faces Childcare Llc

Provider Number / Facility ID Number
8000589938 / 001 - 2004485

Address - Facility (Street, City, State, Zip Code)
4702 W Villet St Milwaukee WI 532082628

Telephone Number
414-988-4179

Date - Regulation Visit
12/6/2021

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 Monitoring Results Posted Description: Compliance Statement from 10/21/2021 was not posted or visible to the Department.	<i>Compliance Statement is now posted.</i>	<i>12/17/21</i>	
2 251.04(6)(a)6m. Child Record - Immunization History Description: Child #2 is missing Immunization record on file.	<i>Immunization record is attached and in file</i>	<i>12/17/21</i>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff C is missing documentation of a physical exam or the Staff Health Report documentation on file.	Documentation of physical exam is attached and in file	12/17/21	
4 251.05(2)(a)5. Staff Record - High School Diploma Description: Staff C is missing documentation of a high school diploma or equivalency.	Staff C is still trying to obtain her HS diploma. A copy of her transcripts are attached.	12/17/21	

NAME - Certification Worker / Licensing Specialist

Jasmine Kelly

Date Issued
12/6/2021

Date Signed
12/17/21

SIGNATURE - Certified Operator or Designee/ Licensee or Designee



Date Issued
12/6/2021

Date Signed
12/17/21