DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/14/2025		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.

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Growing Faces Childcare	3000588053 / 002 - 2004049

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4404-06 W Burleigh St Milwaukee WI 532101721	414-699-0824	12/10/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Evidence was continuing education for Staff A and Staff B was not on file for the 2023 year.	Continuing education is Being taking for Both A and B information currently being updated	3/1/2025	
2	251.06(4)(a) **Fire Extinguishers - Operable, Inspected, Labeled** Description: The fire extinguisher on premises was not inspected once a year. The last inspection was August 2023.	Fire extinguisher Has been Inspected and updated	1/1/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(9)(d)1.b. **Food Storage - Refrigeration Units** Description: The refrigerator was not maintained at 40°F or below. The refrigerator was observed at 55°F.	Small appliance plug has been updated.	1/1/2025	
4	251.09(4)(a)3. **Infant & Toddler - Diaper Changing Surface Disinfection** Description: The diaper changing surface was not observed easily cleanable. The surface contained rips.	Diaper changing Surface has been replaced considered The bleach tearing the Changing surface perferrect to purchase a vinyl sturdy changing surface	1/1/2025	

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Shanell Jones

Date Signed
1/10/2025.