68/297 begins | 69/296 | 70/295 | 71/294 | 72/293 low

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
3/14/2025		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
Frances Circle Of Life Cc Center		9000592729 / 001 - 2007853
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
6150 W Fond Du Lac Ave Milwaukee WI 532185600	414-698-5679	2/20/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1's child record is incomplete and missing information on names, addresses, and telephone numbers of persons other than a parent authorized to call for the child, pick up the child, or accept the child who is dropped off. Child 2's enrollment information is incomplete and missing the name, address, and telephone number of the child's physician or medical facility caring for the child.	Call parent to correct all missing Info ASK parent to fill out completely	2.21.25 2.21.25	

68/297 ing Time begins 9 | 69/296 10 | 70/295 11 | 71/294 12 | 72/293 13 Purim begins at sundown

75/290

283

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2 251.04(6)(a)6. **Child Record - Health History** Description: Child 1 has a documented medical condition, however there is no information provided about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms. Child 2 does not have documentation in the child record on whether or not Child 2 has a documented medical condition.	Have parent Phone Doctor and get documentation	2.21.25	
3 251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff B does not have documentation of a written orientation program (staff orientation checklist).	Have Staff fillout and place in file	2.21.25	
4 251.06(10)(f) **Bathroom Supplies** Description: There is no paper towel in the girls and boys bathrooms.	place order and refill all supplies	2.22.25	

DCF-F-CFS0294-E (R 06/2011)

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5	251.06(11)(b)8. **Outdoor Play Space - Prohibited Surfaces** Description: A slide was observed in the outdoor play space that is placed over felt turf which is on top of concrete.	Place on woodchips or mulch as Directed by State Licencor	2.25.25	
6	251.06(2)(a) **Potential Source Of Harm On Premises** Description: A 5 gallon water jug filled with water was observed on a shelf in between infant and school age classrooms accessible to children. This was corrected during the visit and the water jug was placed in the staff breakroom. A water dispenser which dispenses hot water was observed in an area accessible to children outside of the 3-5 year old classroom. This was corrected during the visit and was placed in the staff breakroom. Cots were observed to be stacked vertically against a wall in the 3-5 year old classroom.	Remove from reception area til door IS placed Removed and Layed flat	2.20.25 2.20.25	
7	251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: The secondary exit outside of 3-5 year old room blocked is blocked with cots.	Removed	2.20.25	

Saving Time begins

10 69/296

11 70/295

12 71/294

12 72/293

Purim begins at sundown

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8 251.07(4)(cm) **Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older** Description: Upon arrival to the visit, a 1 year old child was observed sleeping in a high chair. Each child 1 year of age and older who has a nap or rest period shall be provided with a sleeping surface	Removed placed In playpen	2.20.25	
9 251.07(5)(a)5.a. **Menus - Post** Description: Menus are not posted at the center.	Posted wrote out and posted	2.20.25	
10 251.07(5)(a)5.c. **Menus - Available For Review** Description: There are no menus available for licensing review.	Will keep record	2.21.25	
11 251.08(3)(b) **Information In Vehicle - Emergency Information** Description: The transportation permission for Child 2 is incomplete and is missing Child 2's heath care provider information.	Contact parent to fill out forms	2.21.25	

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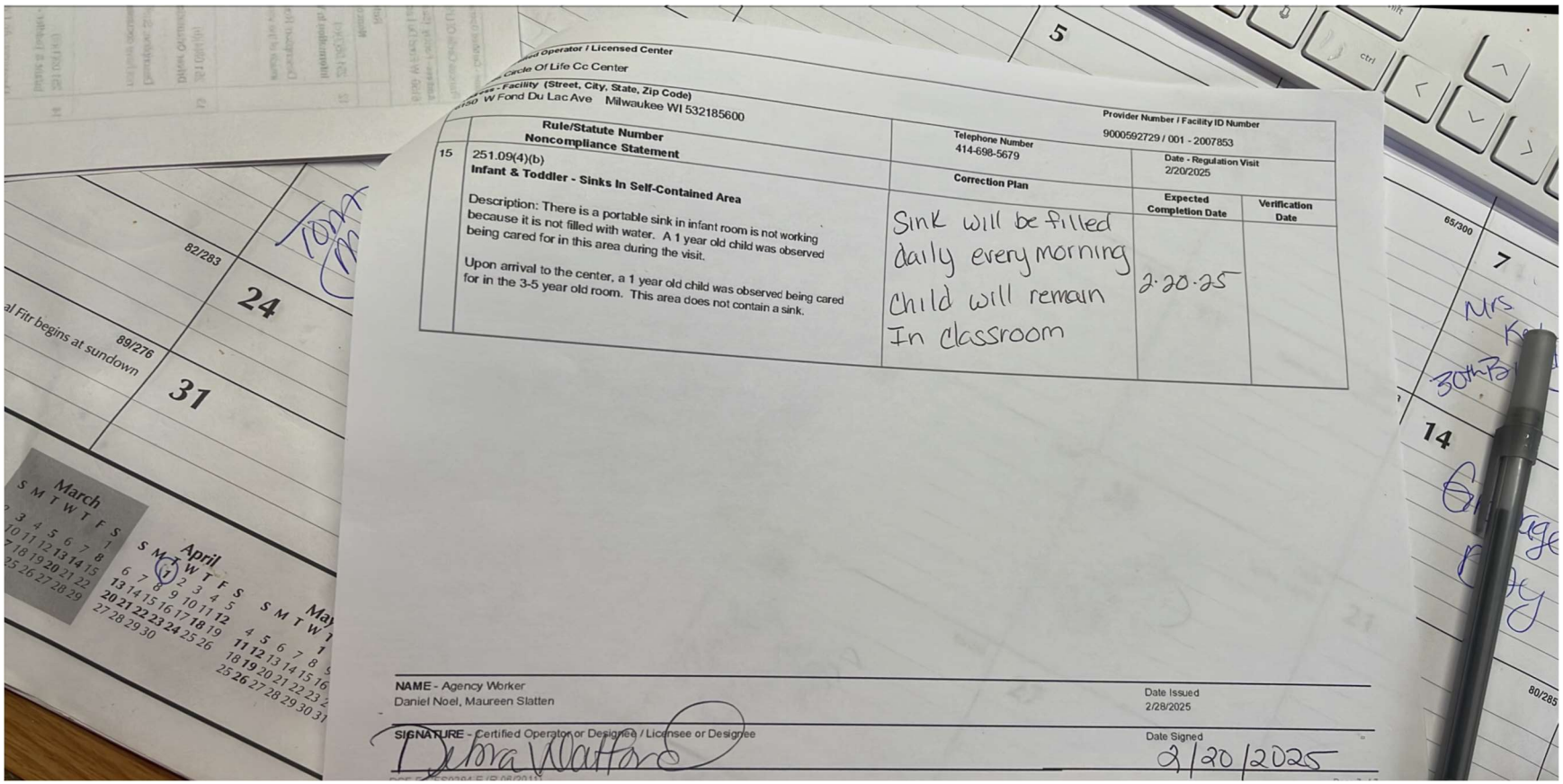
12 251.08(3)(c) **Information In Vehicle - Route And Stops** Description: Routes and stops are not available for licensing review inside of the van or at the center.	Printed and ~~[illegible]~~ available	2.21.25	
13 251.08(4)(b) **Driver Orientation - Requirement** Description: Staff B, identified as a driver who is not the licensee, does not have documentation of an annual driver training.	Printed Placed In file	2.20.25	
14 251.09(1)(d) **Infant & Toddler - Assignment To Room & Caregiver** Description: An 1 year old child was observed being cared for in the 3-5 year old classroom. The infant is normally assigned to the infant room.	was moved to Infant room Will Remain In Class	2.20.25	



Operator / Licensed Center
Circle Of Life Cc Center

Facility (Street, City, State, Zip Code)
W Fond Du Lac Ave Milwaukee WI 532185600

Provider Number / Facility ID Number
9000592729 / 001 - 2007853

Telephone Number
414-698-5679

Date - Regulation Visit
2/20/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
15	251.09(4)(b) **Infant & Toddler - Sinks In Self-Contained Area** Description: There is a portable sink in infant room is not working because it is not filled with water. A 1 year old child was observed being cared for in this area during the visit. Upon arrival to the center, a 1 year old child was observed being cared for in the 3-5 year old room. This area does not contain a sink.	Sink will be filled daily every morning Child will remain In classroom	2.20.25	

NAME - Agency Worker
Daniel Noel, Maureen Slatten

Date Issued
2/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Debra Walton

Date Signed
2/20/2025