

Date Correction Plan Due 5/13/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Happy Faces Family Daycare		Provider Number / Facility ID Number 9000589319 / 001 - 2007704		
Address - Facility (Street, City, State, Zip Code) 802 Marshall Ave Green Bay WI 543034129		Telephone Number 920-327-1764		Date - Regulation Visit 4/17/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: The program did not have a health exam on file for child #6. El programa no tenia un examen de salud para el niño #6.	<i>The girl went to her doctor's appointment on this date for her Physical</i>	<i>04/22/2025</i>	
2	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: The program did not have the immunization history on file for child #6. El programa no tenia la informacion de las vacunas para el niño #6.	<i>The girl went to her doctor's appointment on this date to receive vaccinations</i>	<i>04/22/2025</i>	

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3	250.06(11)(b)3. Outdoor Play Space - Cca Treated Lumber Description: There was a wood play structure in the playground that needs to be sealed with an exterior oil based sealant or stain. Habia un tobogan de madera que necessitated ser sellado con un tinte o sellador para exterior a base de aceite.	This is expected to be done on accessible days at adequate temperatures		
4	250.06(2)(m) Premises - Condition & Repair Description: There were sections of the chain-link fence that were not secured to the top rail. Habia secciones the la cerca de alambre que no estaban atadas a la barra superior de la cerca.	It was repaired on April 30th	04/30/2025	
5	250.07(4)(cm) Naps - Sleep Surface - Child Under 1 Year Description: In the nap room, there were two Pack and Plays that were placed side by side instead of end to end and they did not have a solid partition between them. En el cuarto de siestas, habian dos cunas colocadas de lado a lado en lugar de estar colocadas de extremo a extremo y no tenian una barrera solida entre las cunas..	The room was arranged on April 20	04/20/2025	

NAME - Agency Worker
Gloribel Tegen

Date Issued
4/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Laura Gamba

Date Signed

05-01-2025