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| Date Correction Plan Due 10/21/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-361-7700 |
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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.

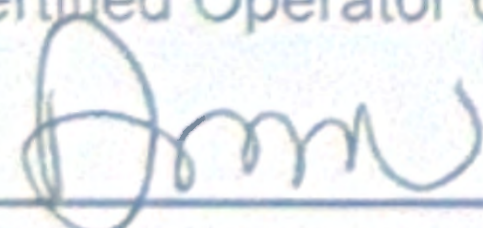
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| Name - Certified Operator / Licensed Center Smiling Faces Daycare | | Provider Number / Facility ID Number 3000591933 / 001 - 2007575 | | | |
| Address - Facility (Street, City, State, Zip Code) 7905 Franklin St Iron River WI 548473407 | | Telephone Number 715-372-4188 | | Date - Regulation Visit 10/2/2025 | |
| | 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 did not have documentation of the first day of attendance. | Forms were updated for Child 1 | | 10/2/2025 | |
| 2 | 251.06(11)(bm)3. Outdoor Play Equipment - Construction, Condition Description: Picnic tables in the outdoor play space have sharp, rough, loose edges that are not in good operating condition. | Picnic table was Brought to the Dump | | 10/19/2025 | |

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| 3 | 251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: Staff in the Blue room were using a disinfectant to wash tables before meals instead of a food grade sanitizer. | All staff went over proper way to sanitize tables before meals | 10/2/2025 |
| 4 | 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child 4 and Child 7 did not have 3 month updates documented on the intake under 2 form. | Forms for child 4 and child 7 were brought to date | 10/2/2025 |

NAME - Agency Worker
Brooke Lampe, Bonnie Davis

Date Issued
10/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
10/19/2025