DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 8/25/2026	**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)(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**
Happy Faces Group Childcare Corp	6000589976 / 001 - 2004907

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4612 N Hopkins St Milwaukee WI 532095954	414-837-4330	8/4/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: There are gaps in the back gate which makes up the outdoor play space enclosure that are greater than 4 inches.	Will have maintenace person close up the area where the gap is.	8/30/2026	
2	251.06(9)(c)3m. **Food Preparation Location Requirements** Description: Meals for the center are prepared off-site at the licensee's home and brought to the center. This location has not been inspected by a representative of a state agency.	Contacted City inspector recommend grease trap. Going through the proper procedures to have one installed.	09/30/2026	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: There is a bottle of children's Tylenol for Child 1 being stored in the infant room. The authorization for this medication does not have a start or end date.	Medication was given back to parent on child pick up time.	08/4/2026	
4 251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Children's Tylenol for Child 1 is being stored in the infant room. This medication expired 1/2026.	Parent had brung in medication, never had been given to child. Parent brought in incorrect medication.	08/4/2026	

NAME - Agency Worker
Daniel Noel

Date Issued
8/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
08/10/2026