

Date Correction Plan Due 12/8/2025	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.

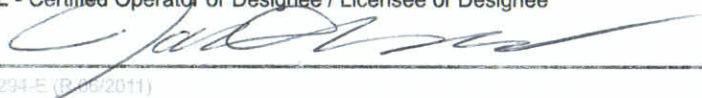
Name - Certified Operator / Licensed Center Lifeways Early Childhood Center		Provider Number / Facility ID Number 8000566168 / 002 - 1005828									
Address - Facility (Street, City, State, Zip Code) 3224 N Gordon Pl Milwaukee WI 53212		Telephone Number 414-562-0818	Date - Regulation Visit 11/20/2025								
	<table border="1"> <thead> <tr> <th data-bbox="147 722 474 787">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="474 722 1543 787">Correction Plan</th> <th data-bbox="1543 722 1795 787">Expected Completion Date</th> <th data-bbox="1795 722 2024 787">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="147 787 474 1055"> 1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001 </td> <td data-bbox="474 787 1543 1055"> Fingerprints to be completed by 12/08/25. </td> <td data-bbox="1543 787 1795 1055"> Individual 001 who served as a substitute teacher submitted her resignation on 11/30/2025. </td> <td data-bbox="1795 787 2024 1055"> 12/2/25 (MT) </td> </tr> </tbody> </table>	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001	Fingerprints to be completed by 12/08/25.	Individual 001 who served as a substitute teacher submitted her resignation on 11/30/2025.	12/2/25 (MT)		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date								
1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001	Fingerprints to be completed by 12/08/25.	Individual 001 who served as a substitute teacher submitted her resignation on 11/30/2025.	12/2/25 (MT)								

NAME - Agency Worker
Maynou Thao

Date Issued
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



12/1/2025