

Child Care Center Plan No. 445226	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 1-800-452-7830
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violations and to outline proposed plans of correction, if applicable. This form is used by certified operators / licensees to meet the requirements of MSF 222-009, MSF 225-022(1) and (2)(c), MSF 225-022(1)(b) and (3)(i), MSF 225-022(1)(1)(i) and (2)(f). 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 operators 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 noncompliances. Identify expected completion dates for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, send your copy of the noncompliance statement and correction plan over the license in accordance with Miss. Stat. 45-557. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Miss. Stat. 45-715. If the Department decides to apply a disciplinary 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 you appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Great From The Start		5500000000 / 001 / 254000	
Address - Facility Street, City, State, Zip / Phone		Telephone Number	Date Acquisition / Plan
4725 W. Entrance Rd. Olive Branch, MS 38971		46456789	3/26/26
Identification Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
225-022(1)(1)(i) Child Records - Enrollment information - Parents Names	Parents added Father names to paperwork	3-26-26	3-27-26
Child Records - Enrollment information - Parents Names			
Child Records - Enrollment information - Parents Names			

NAME - Sign of Director Tina Patel	Date Issued 3/26/26
SIGNATURE - Certified Operator / Licensed Center / Director / Manager 	Date Signed 3-27-26