

Date Correction Plan Due 8/22/2024	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)(f) 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Family And Friends Child Care		Provider Number / Facility ID Number 7000588097 / 001 - 2002167	
Address - Facility (Street, City, State, Zip Code) 1833 W Mckinley Ave Milwaukee WI 532052033		Telephone Number 414-467-5577	
Rule/Statute Number Noncompliance Statement		Correction Plan	
1	250.05(2)(b) Staff File - Background Check Results Description: Fingerprints not completed for the following individuals: Individual 001	Expected Completion Date 9/4/24	Verification Date
Fingerprints to be completed by 9/5/24.			

NAME - Agency Worker Maymou Thao	Date Issued 8/22/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 9/4/24

PAGE 2/2 RECID 9/4/2024 3:29:28 PM [Central Daylight Time] PRD 082265423



9/4/2024 1:39:11 PM
Fieldprint Site - arcpoint Labs

Subject: Keona Dupree
Wisconsin-AFIS TCN: 870240904127
Appointment #: 21546572

Please call us at 1-800-476-7467 for more information
to collect your way and meet your expectations.
Thank you!