MENT OF CHILDREN AND FAMILIES
of Early Care and Education

STATE OF WISCO

rrection Plan Due 024	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

orm: 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 app 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 252.4 . 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 S it plans of correction however are not required to do so.

as: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing spe 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 com r 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 ance 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 sanct rsuant 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 g e sanction and / or penalty and your appeal rights.

rtified Operator / Licensed Center	**Provider Number / Facility ID Number**
ntry Childcare Llc	8000589628 / 001 - 2004137

Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
00 North Shore Dr Pewaukee WI 530723136	262-696-8098	11/20/2024

Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verificatio Date**
05(2)(a)2. **f Record - Completed Background Check** cription: Fingerprints not completed for the following individuals: idual 001, Individual 002	To be completed by 12/10/24	12/9/24	

cy Worker
e

Date Issued
11/26/2024

- Certified Operator or Designee / Licensee or Designee

Date Signed
12/10/24

4-E (R.06/2011)

Pa