

# FAX

Company Name: First United Daycare

Phone: 202-658-1133

FAX: 202-658-1829

Address: 919 20<sup>th</sup> Street Kenosha WI 53140

TO: Charlene Langford

FAX #: 262-496-1991

DATE: 5/2/23

FROM: F UDC

FAX #: 202-658-1829

# OF PAGES: 6

Message:

following 20080

Date Correction Plan Due  
5/4/2023

**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 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

First United Day Care Center

2000558012 / 001 - 220180

Address - Facility (Street, City, State, Zip Code)  
919 60TH St Kenosha WI 53140

Telephone Number  
262-658-1433

Date - Regulation Visit  
4/6/2023

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B working more than 30 days does not have a physical exam on file.	STAFF B - has had her physical examination done.	4/11/23	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C does not have the required infant and child CPR training and has been working at the center for more than 3 months. Repeat violation: Previously cited on 2/21/2022, 4/6/2021	STAFF C: has done her CPR - Mandated reporter Training.	4/14/23 4/11/23	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
First United Day Care Center		2000658012 / 001 - 220180	
Address - Facility (Street, City, State, Zip Code) 919 60Th St Kenosha WI 53140		Telephone Number 262-658-1433	Date - Regulation Visit 4/6/2023
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A, C, E and F do not have biennial child abuse and neglect training in laws, reporting procedures and identification.	Child Abuse - Neglect - Biennial Training has been completed by staff - A - C - E - F.		
4 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Inhaler was kept at the center but did not have an authorization from the parent.	Authorization for Inhaler kept At the Center, has been signed and updated	4/6/23	
5 251.08(2)(a) Permission - Purpose Of Transport Description: Transportation permission signed by the parent did not include the pick or drop off location for the child.	All Transportation permission slips have been signed by parents and all reactions to and from pick-up - drop off filled in.	4/6/23	
6 251.08(5)(a)3. Vehicle Requirements - Safe Condition Description: The center school bus used as a back up transportation vehicle is not in safe operating condition. The vehicle is not in safe operating condition as demonstrated by the vehicle driver, the gas pedal had to be pushed to the floor of the vehicle until the vehicle would engage into drive causing the speed of the vehicle to be unpredictable and uncontrolled by the driver.	The Bus at this time will not be used at all until fixed and running.	4/6/23	

DCF-F-CF80294-E (R.06/2011)

Provider Number / Facility ID Number  
2000558012 / 001 - 220180

Name - Certified Operator / Licensed Center  
First United Day Care Center

Address - Facility (Street, City, State, Zip Code)  
919 60TH St Kenosha WI 53140

Telephone Number  
262-658-1433

Date - Regulation Visit  
4/6/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 251.08(5)(b) Vehicle Inspection Report Description: Vehicle inspection was not conducted for the center school bus used as a backup vehicle to transport children.	inspection has been done on the van, and is ready to go.	4/24/23	
8 251.08(6)(a) Child Safety Restraint System Description: Driver is transporting children under the age 8 without using the required child safety restraint system that is appropriate to the child's age and size and in accordance with s. 347.48 Stats., and ch. Trans 310. Child safety restraint seats to be used by children had use by dates that had expired.	The center has purchased 8 New Booster Seats. All together we now have 9 total.	4/10/23	
9 251.08(9)(c) Vehicle Safety Alarm - Working Order Description: Vehicle alarm for the center van is not in working order and the center has been using it to transport children to and from school. Vehicle alarm was checked by the center on 3-9-23 but driver states the alarm has not been working for several days and children were continued to be transported to and from school.	Alarm has been fixed, and is in working condition.	4/1/23	

NAME - Agency Worker  
Charlene Langsdorf

Date Issued  
4/20/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DOCF-CFS0294E (R.08/2011)

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

### VEHICLE SAFETY INSPECTION – CHILD CARE CENTERS

**Use of form:** Use of this form is mandatory to comply with the child care licensing rules DCF 250.08(5)(b), DCF 251.08(5)(b), and DCF 252.09(5)(b). Failure to comply may result in issuance of a noncompliance statement.

**Instructions:** At 12-month intervals, the licensee shall provide this form to the garage, dealership, or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Facility Name <b>First United Daycare</b>			Program Type <input type="checkbox"/> Day Camp <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Group Child Care		
Vehicle Year <b>2009</b>	Make <b>Chevrolet</b>	Model <b>Express G350</b>	Color <b>Gray</b>	Odometer Reading <b>77335.0</b>	License Plate Number <b>867-BGB</b>
Name of Inspecting Company or Agency <b>Gateway Service Center</b>		Name of Inspector <b>Mark A. Conwell</b>		Telephone Number <b>262-657-8924</b>	
Address of Inspecting Company or Agency <b>3637-30<sup>th</sup> Ave</b>			City <b>Kenosha</b>	State <b>WI</b>	Zip Code <b>53144</b>

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
<b>SAFETY FEATURES</b>			<b>BRAKES</b>		
1. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Windows / windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EXHAUST SYSTEM</b>		
7. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Child care vehicle safety alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – FRONT LEFT</b>		
<b>WIPERS / WIPER BLADES</b>			30. Tread depth <b>9/32</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – FRONT RIGHT</b>		
<b>STEERING</b>			33. Tread depth <b>9/32</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – REAR LEFT</b>		
17. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. Tread depth <b>5/32</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>SUSPENSION</b>			37. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – REAR RIGHT</b>		
20. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Tread depth <b>8/32</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brief Comments – Refer to Item Number			41. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGNATURE - Inspector 	Date – Inspection <b>4-24-2023</b>
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**GATEWAY SERVICE CENTER**

3637-30th ave,  
Kenosha, Wi. 53144  
Phone: 262-657-8424 Fax: 262-657-8425

INVOICE

77267

Org. Est. # 099309

Thank you and have a great day!

**INVOICE**

Print Date: 04/24/2023

Work Completed: 04/24/2023

First United Daycare

2013 Ford - E-350 Super Duty XL - 5.4L, V8 (330CI) VIN(L)

Lic #: 867 BGB - WI

Unit #:

Odometer Out: 77,330

Home: 262-658-1433

Cust ID: 4790

VIN #: 1FBNE3BLX DDA87912

Part Description / Number	Qty	Sale	Extd	Labor / Description	Extd
				perform safety inspection of vehicle	25.00
				Hazardous Materials	1.83

GATEWAY SERVICE CENTER  
3637 30TH AVENUE  
KENOSHA, WI 53144  
(262)657-8424

04/24/2023 10:57:13  
Terminal ID No.: 75132011

**Credit Sale**

Transaction #: 3  
Card Type: MasterCard  
Account: \*\*\*\*\*5219  
Entry: Chip

Amount: USD\$28.31  
NON-CASH: USD\$0.84

**Total: USD\$29.15**

Ref. Number: 311415170629  
Auth. Code: 609099  
Batch Number: 952  
Response: APPROVAL 609099

Mode: Issuer  
ATD: #0000000041010  
TVR: 0000088000  
TAD: 151060700322000011F7000000000000  
ODFF

TSI: EB00  
ARC: 00  
AC: 06FF529UF54C2306  
ATC: 003F  
APPN: Master card Debit

PIN BYPASSED  
CUSTOMER COPY

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$\_\_\_\_\_.
- I do not want an estimate.

Payment will be made by  Cash  Check  Credit  Credit Card

[ Payments - ]

[ Technicians : MOFFA, MIKE ]

Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

Do you want the replaced parts you are entitled to?  Yes  No

This vehicle received without face to face contact.

Shop Representative \_\_\_\_\_

Having authority to do so I hereby order the above products and services, parts, and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on the other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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