From: Lahr, Angela S - DCF
To: Ramirez, Abraham - DCF
Subject: FW: Non compliance statement
Date: Wednesday, May 1, 2019 2:14:03 PM

Angela Lahr, CSW
Bureau of Early Care Regulation
141 NW Barstow Street, Room 104
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Email: angela.lahr@wisconsin.gov

From: Lashunda Moss <moss776@gmail.com>
Sent: Wednesday, May 1, 2019 2:10 PM
To: Lahr, Angela S - DCF <Angela.Lahr@wisconsin.gov>
Subject: Non compliance statement

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 4/16/2019	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		Provider Number / Facility ID Number
Lashunda Family Childcare Llc		0000588650 / 001 - 2002987
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4143 N 40Th St Milwaukee WI 532161603	414-249-5570	3/28/2019

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(j) **Report - Change In Transportation Services** Description: The licensee's van is broken down. Licensee used a rental vehicle to transport children which was not authorized by the department prior to use.	~~[illegible]~~ Not doing transportation will updated when I start backup	5-1-19	

Date Issued
4/2/2019

NAME - Certification Worker / Licensing Specialist
Laura Taylor, Joel Marquez

Date Signed
5-1-2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee
[signature]

DCF-F-CFS0254-E (R.06/2011)