

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and EducationDate Correction Plan Due
6/17/2019NONCOMPLIANCE STATEMENT AND CORRECTION
PLANTO FILE A COMPLAINT CALL
262-446-7600

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 Lic

0000588650 / 001 - 2002567

Address - Facility (Street, City, State, Zip Code)
4143 N 40Th St Milwaukee WI 532161603Telephone Number
414-249-5570Date - Regulation Visit
5/31/2019

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(5)(i) Staff File - Continuing Education Description: Staff B does not have enough continuing education hours for 2018. There were 9 hours documented in the file and on The Registry, but 15 hours is required.	Staff B will take continuing ed hours.	9-12-19	
2	250.04(6)(a)1. Child Record - Enrollment & Health History Forms Description: Enrollment information is incomplete for Child 2 and Child 3.	Mother complete Enrollment + Health History form	6-3-19	

Name - Certified Operator / Licensed Center Lashunda Family Childcare Llc		Provider Number / Facility ID Number 0000588650 / 001 - 2002967		
Address - Facility (Street, City, State, Zip Code) 4143 N 40Th St Milwaukee WI 532161803		Telephone Number 414-249-5570	Date - Regulation Visit 5/31/2019	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3 250.05(1)(b)5. Provider Training - Cardiopulmonary Resuscitation Description: Staff B does not have a current certificate in CPR.	STAFF B will have update CPR Class	7-1-19		
4 250.07(5)(c) Meals & Snacks - Minimum Meal Requirements Description: Not all documented meals are meeting the minimum meal requirements. On 05/12/2019, the lunch documented was boiled egg, fruit and milk. There was no grain or second vegetable/fruit served.	I wasnt open that day also will make sure I put grain and second veggie			

NAME - Certification Worker / Licensing Specialist
Angela Lahr, Rhonda Brueggemann

Date Issued
6/3/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

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