


Date Correction Plan Due 11/6/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Lafordables Childcare Center Llc		Provider Number / Facility ID Number 2000584572 / 002 - 1015025					
Address - Facility (Street, City, State, Zip Code) 6183 N 39Th St Milwaukee WI 53209		Telephone Number 414-535-0318	Date - Regulation Visit 11/6/2024				
	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>				
<table border="1"> <thead> <tr> <th data-bbox="167 1039 203 1213"></th> <th data-bbox="203 1039 763 1213">Rule/Statute Number Noncompliance Statement</th> </tr> </thead> <tbody> <tr> <td data-bbox="167 1050 203 1213" style="text-align: center;">1</td> <td data-bbox="203 1050 763 1213">                     250.11(5)(b) Continuation License - Application Materials Submission Date  Repeat violation: Previously cited on 11/7/2022                 </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	250.11(5)(b) Continuation License - Application Materials Submission Date  Repeat violation: Previously cited on 11/7/2022	Application Completed mailing completed application on 11/21/2024	11/21/2024	
	Rule/Statute Number Noncompliance Statement						
1	250.11(5)(b) Continuation License - Application Materials Submission Date  Repeat violation: Previously cited on 11/7/2022						

NAME - Agency Worker Cindy Matuszak	Date Issued 11/6/2024
SIGNATURE: Certified Operator or Designee / Licensee or Designee 	Date Signed 11/21/2024