STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/22/2024		

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
Lasherry Reed	4000591284 / 001

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
9705 W Hampton Ave 9 Milwaukee WI 532254048	708-310-9518	10/7/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(c) **The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Frequency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.** Description: There was no contract on file for any enrolled family.	I had every family to read and sign the contract for payment.	10/22/2024	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(12)(f)1-4 **Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:** **1. The Parents' Home And Work Phone Numbers.** **2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.** **3. The Parents' Signed Consent For Emergency Medical Care.** **4. A Name And Number To Call If The Child Requires Emergency Medical Care.** Description: The Enrollment/Health History forms incomplete for children #2, #3, and #5-#10.	I had parents to fill out each page of the forms completely	10/22/2024	
3	202.08(4)(a)2. **For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter** Description: There was no health report on file for children #2, #3, #4 and #!0.	All parents were given physical report forms to be Filled out by their childrens physician.	10/28/2024	

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Lasherry Reed		4000591284 / 001	
Address - Facility (Street, City, State, Zip Code) 9705 W Hampton Ave 9 Milwaukee WI 532254048	**Telephone Number** 708-310-9518	**Date - Regulation Visit** 10/7/2024	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
4 202.08(4)(e) **The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.** Description: The was no immunization record of file for children #2, #3, #4 and #10.	All parents were informed to get their children Immunization History forms to me before 10/28/2024	10/28/2024	

NAME - Agency Worker
Jean Houston

Date Issued
10/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lasherry Reed

Date Signed
10/22/2024

DCF-F-CFS0294-E (R.06/2011)

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