

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
7/16/2025

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 Lasherry Reed		Provider Number / Facility ID Number 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 7/1/2025
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: The contracts on file for children #1, #2, #3, #5, and #7 are not complete.	I Lasherry Reed completed each contract that was incomplete.	07/18/2025	

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2	<p>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:</p> <ol style="list-style-type: none"> 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. <p>Description: The Enrollment and Health History forms were incomplete for children #2-#10.</p>	<p>I had parents look over their child's enrollment & health history forms and had them to complete everything that was incomplete.</p>	<p>07/18/2025</p>	
3	<p>202.08(12)(g) 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 Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.</p> <p>Description: There was no Under 2 Intake form on file for children #9.</p>	<p>I printed off the under 2 intake form and had the parent complete and sign.</p>	<p>07/18/2025</p>	

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4 202.08(2)(c)
The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.

Description: Items labeled keep out of reach of children were accessible to the children throughout the home, in the bathroom, hallway, stairwell, and rooms where care is provided. Loose cords, plastic bags, and two uncovered outlets were accessible to children in the bedroom used for care.

I LaSherry Reed placed all items that were labeled keep out of reach of children on a high top shelf. All loose cords are tucked away. All outlets are covered & all plastic bags are properly stored away.

07/18/2025

5 202.08(4)(a)
Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.

Description: There was no health report on file for children #9.

I had parent complete ~~and sign~~ a health report form.

07/18/2025

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6	<p>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</p> <p>Description: The health report on file for children #10 is more than two years old and no updated health report was on file for the child.</p>	<p>I had parent to bring an updated health report form.</p>	<p>07/21/2025</p>	
7	<p>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.</p> <p>Description: There are no immunization records on file for children #1 and #2.</p>	<p>Parent submitted to me updated immunization records for the children.</p>	<p>07/21/2025</p>	

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8 202.08(4m)(a)1.
An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.

Description: The operator did not have an emergency plan with specific details for fire, tornado, flood, extreme outdoor heat or cold, loss of building services, human caused events, allergic reactions, lost or missing children, and a provider's own emergency situation.

I Lasherry Reed has completed an emergency plan for all emergency situations. 07/18/2025

9 202.08(4m)(d)2.
The Home Shall Have A List Of Emergency Numbers Posted In A Location Known To All Providers, Including The Numbers For The Police, Fire Station, Emergency Medical Care, Child Protective Services Agency, And Poison Control Center.

Description: The posted emergency numbers did not include emergency medical care and child protective services.

I Lasherry Reed ~~posted~~ added emergency medical care & protective services numbers to my list of Emergency Numbers. 07/18/2025

NAME - Agency Worker

Deborah Kersting

Date Issued

7/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lasherry Reed

Date Signed

07/21/2025