

*August 11, 2022*

Cover sheet

To

Licensing specialist

Sara Cooney

Enclosed is my correction plan

Four pages with the cover sheet

From:

Granny's Playhouse

Provider Number/Facility Number

8000584208/001-1013802

*Eloise Perry*

Eloise Perry owner

<b>Date Correction Plan Due</b> 8/18/2022	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**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.

<b>Name - Certified Operator / Licensed Center</b>  Granny's Playhouse		<b>Provider Number / Facility ID Number</b>  8000584208 / 001 - 1013802	
<b>Address - Facility (Street, City, State, Zip Code)</b> 2913 N 39Th St Milwaukee WI 53210		<b>Telephone Number</b> 414-447-6387	<b>Date - Regulation Visit</b> 8/2/2022
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1 250.04(8)(b) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Staff A does not have current training (last 2 years) in Child Abuse and Neglect. The training on file expired in March.	I did my class on 8/2/22		
2 250.06(9)(i) <b>Meals &amp; Snacks - Records</b>  Description: There are no menu/snack records documented for the week of 7/11/22, 7/18/22, 7/25/22.  Repeat violation: Previously cited on 5/27/2021	I will make sure i write down my menu and snack each day		

**NAME - Certification Worker / Licensing Specialist**  
Sara Cooney

**Date Issued**  
8/4/2022

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Sara Cooney* 8/11/2022

# Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

**Standard - CPR / AED**

(Adult / Child / Infant)

Automated External Defibrillator (AED)

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Eloise Perry**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2020** ECC/ILCOR and AHA® guidelines. ID#: **3A24F**

Completion: **August 2, 2022**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:

**NationalCPRFoundation**



# **CERTIFICATE OF COMPLETION**

*This certifies that*

**Eloise Perry**

*has successfully completed*

**Mandated Reporter Online Training**

**8/2/2022**

