

Name - Certified Operator / Licensed Center Sharing And Caring Fcc Address - Facility (Street, City, State, Zip Code) 4404 W Hampton Ave Milwaukee WI 532185227		Telephone Number 414-242-3438	Provider Number / Facility ID Number 6000582146 / 002 - 2000953	
			Date - Regulation Visit 9/5/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(2)(n)1.a. Radon - Testing Description: There was no Radon Test conducted as required in 2023.	I will use the Resources that WAS giving to me.	11-1-24	
4	250.06(3)(b) Emergency Plans - Practice Description: There was no documentation of a tornado & fire drill for the month of August 2024.	I will complete the paper work every month	10-1-24	

NAME - Agency Worker
 Rhonda Brueggemann, Sarah Stormont

Date Issued
 9/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sonya Woody

Date Signed
 9-23-24