

Date Correction Plan Due
10/8/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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)(l) 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 Sharif And Friends Playhouse | | Provider Number / Facility ID Number 5000591245 / 001 - 2006419 | |
|---|--|---|---|
| Address - Facility (Street, City, State, Zip Code) 9719 W Lisbon Ave Milwaukee WI 532222533 | | Telephone Number 414-522-3448 | Date - Regulation Visit 9/17/2024 |
| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 250.05(2)(c) Staff File - Days, Hours Worked Description: Staff signed in on 9/16/24 but did not sign out and on 9/17/24, staff did not sign in. | I will make sure I am signing in and out at the beginning and end of my shift. | 09/18/2024 | |
| 2 250.05(3)(e)2 Provider Training - Current Cpr Certificate Description: Staff A does not have documentation of a current CPR certificate on file. The most recent CPR certificate expired February 2024. | I will be finding a CPR class to get Certificate updated. | BY 11/8/2024 | |

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Sharif And Friends Playhouse

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Rule/Statute Number
Noncompliance Statement

3 250.06(3)(b)
Emergency Plans - Practice

Description: There was no documentation that monthly fire evacuation drills were conducted from April 2023 to August 2024.

Correction Plan

I will start my monthly fire evacuation drills.

Expected Completion Date

9/26/2024

Verification Date

NAME - Agency Worker
Kristin Keck, Katrina Tarantino

Date Issued
9/24/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Danya Anli

Date Signed

10/8/2024