

Date Correction Plan Due 9/9/2025

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)(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, 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** 8/19/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(b) Current, Accurate Daily Attendance Record Description: Attendance was not current and accurate on the day of the monitoring visit. Four children were in care but no children were signed in. And no children were signed in on 8/18/25 when children were reportedly in care.	<i>Will</i> Make sure I am signing children in as soon as they arrive in care.	8/20/25	

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
 8/19/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 250.05(2)(c) Staff File - Days, Hours Worked Description: Staff hours were not accurate on the day of the visit when the staff person supervising children was not signed in. And staff hours were not documented on 8/18/25 when children were reportedly in care. Based on a review of attendance records and staff hours, on 7/31/25, staff hours were not documented when children were in care. Repeat violation: Previously cited on 9/17/2024	I will remember to sign ID at the start of my shift and sign out at the end of my shift.	8/20/25	
3 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Hand sanitizer and baby wipes, labeled keep out of reach of children, was observed in the front room, accessible to children. **Both items were removed during the monitoring visit**	All keep out of reach of children items will be put away.	8/20/25	
4 250.09(3)(i) Infant & Toddler - Care During Feeding Description: On the day of the monitoring visit, a child was observed sitting in a high chair without safety straps.	I will strap children in the (low) High chair everytime they are put in the seat.	8/20/25	

NAME - Agency Worker
 Kristin Lange, Katrina Tarantino

Date Issued
 8/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kristin Lange

Date Signed
 9/4/25