Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/6/2026		

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		Provider Number / Facility ID Number	
Mps - Riley Safe Place		2000563892 / 024 - 2100236	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
2424 S 4Th St Milwaukee WI 532071411	414-902-7198	9/16/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff B's CPR/AED training is not by a department approved trainer.	Staff B will complete a department approved course.	10/17/2026	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff C and Staff D do not have documentation of training in Child Abuse and Neglect.	Staff C and Staff D have both completed their Mandated Reporter training. I have attached their certificates of completion to this email for your records.	09/18/2026	

NAME - Agency Worker Sara Cooney,
Kristin Lange

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SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed