Riverside Reports_NonComplianceReport2(Open with Google Docs

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF W

Date Correction Plan Due 4/2/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT C/ 920-785-7811

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. 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 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. Put 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 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 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 p 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Riverside Day Care Center	4000559254 / 001 - 230257

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2110 N River Dr West Bend WI 53090	262-334-0858	3/11/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verific Da
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: The health exam for child # 2 expired on 01/17/2026.	Found Physical from 8/5/24	Next Physical on 8/5/26	
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: The provider's CPR training was not given by a DHS approved agency.	Taking CPR at Fire Station	4/10/26	

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3	250.05(3)(fm) Blocnsd Training - Child Abuse & Neglect Description: The provider's Child Abuse and Neglect Training was taken by reading the book It Shouldn't Hurt to be a Child. The current requirements no longer approve the book training.	Took online Training on 3/21/26	Done 3/21/26	

RECEIVED
VERO - GREEN BAY
OCT 29 2026
DEPT. OF CHILDREN & FAMILIES

NAME - Agency Worker	Date Issued
Giorbel Tegen	3/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Debbie Swiggum	3-24-26