

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
8/13/2025

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
Riley's Learning Center Llc
Provider Number / Facility ID Number
4000591364 / 002 - 2007840

Address - Facility (Street, City, State, Zip Code)
4610 W Fond Du Lac Ave Ste E Milwaukee WI 532162423
Telephone Number
414-897-3831
Date - Regulation Visit
7/28/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: File for Staff A did not have the required physical examination within 30 days after starting at center.</p>	<p>provider will notify staff to turn in health report before returning back to work.</p>	7/30/2025	
<p>2 251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff document start/end time on one sheet - not documenting rooms worked.</p>	<p>Provider will remind staff to document which rooms worked.</p>	7/30/2025	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(11)(b)8. Outdoor Play Space - Prohibited Surfaces Description: A small slide was on concrete. **This was corrected during the visit. The slide was removed.**			
4 251.06(9)(b)3.c. Manual Dishwashing - Sanitize Description: Dishes are not sanitized after being washed and rinsed	provider will go over dish washing procedure with kitchen staff.	7/30/2025	
5 251.07(5)(a)5.a. Menus - Post Description: The menu posted was for the previous week.	Provider will make sure menus stay updated.	7/30/2025	

NAME - Agency Worker
Jane Abshire, Daniel Noel

Date Issued
7/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/30/2025