DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 8/21/2026	**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 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 Arial's Learning Cave Llc		**Provider Number / Facility ID Number** 9000589659 / 001 - 2004306	
Address - Facility (Street, City, State, Zip Code) 4517 W North Ave Milwaukee WI 532081244	**Telephone Number** 414-810-4223	**Date - Regulation Visit** 8/5/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
1	251.06(2)(i) **Deteriorating Paint** Description: There was flaking paint on the wall in an area accessible to children in the school-age classroom.	All Flaking Paint will be coverd Immediately	8/6/2026
2	251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: An exit in the infant classroom did not have a minimum clear width of three feet and was obstructed by a chair. Repeat violation: Previously cited on 8/7/2025	There will be no object Three Feet of a door Exit	8/5/2026

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number
Arial's Learning Cave Llc			9000686650 / 601 - 2004265
Address - Facility (Street, City, State, Zip Code) 4517 W North Ave Milwaukee WI 532081244		**Telephone Number** 414-810-4223	**Date Inspection Exit** 8/5/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Compliance Date	Compliance Date
3	251.07(3)(a)5. **Indoor Equipment - Intended Use** Description: A highchair was not used in accordance with all manufacturers instructions and recommendations that may affect the safety of children in care when a child was placed in the highchair and was not buckled into the seat.	Staff will make sure all children that are Placed in highchair are buckled into seat.	8/5/2026	
4	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: The center failed to refrigerate an open can of PediaSure, prepared at the center, per instructions. Repeat violation: Previously cited on 9/4/2024	Staff will make sure all item will be Refrigerated that need to go in the Refrigerator.	8/05/2026	

NAME - Agency Worker
Tiisha Harrell, Katrina Tarantino

Date Issued
8/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Tiisha Hunter

Date Signed
08/12/2026