STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
9/25/2026

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)(l) 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
Next Generation Childcare

Provider Number / Facility ID Number
3000594153 / 001 - 2009048

Address - Facility (Street, City, State, Zip Code)
3933 N 84Th St Milwaukee WI 532222809

Telephone Number
414-249-9795

Date - Regulation Visit
8/28/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. **Child Record - Physical Exam** Description: Child Record-Physical Exam not available for Child #1.	Parent turned in health Report.	09/20/2026	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child Record- Immunization History Compliance- not verified for Child #1, 5, and 6.	Immunizations was turned in for child #1. Parent checked boxes for Child #5	09/20/2026	

DCF-F-CFS0294-E (R.06/2011)

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(4)(a) **Staff Orientation - Documentation** Description: licensee failed to have a Staff Orientation-Documentation of training for Staff A who was caring for children without licensee present.	Me and Staff completed Orientation-Document	08/31/2026	
4	250.06(9)(d) **Food Storage, Temperatures** Description: Food Storage-Temperatures not verified thermometers for fridge and freezer were not in place.	Temperatures was corrected while licensor was on site.	08/28/26	
5	250.09(1)(c)1. **Infant & Toddler - Information For Providing Individualized Care** Description: Infant & Toddler-Information For Providing Individualized Care-not verified for Child #1.	Parent turned in intake form	09/04/2026	

NAME - Agency Worker
Tammy Saffold

Date Issued
9/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Callie Calhoun

Date Signed
9/14/2026