

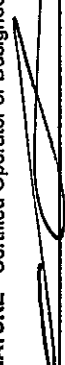
Date Correction Plan Due 10/28/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
TO FILE A COMPLAINT CALL 262-446-7800	

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 New Life Christian Daycare Inc Provider Number / Facility ID Number 1000590901 / 001 - 2006045			
Address - Facility (Street, City, State, Zip Code) W173n9170 Saint Francis Dr Menomonee FIs WI 530511995		Telephone Number 414-355-3511	
Rule/Statute Number Noncompliance Statement		Date - Regulation Visit 10/11/2024	
1	251.04(3)(L) Report - Construction Or Remodeling Description: The licensee/licensee designate failed to notify the Department, in writing before the construction or remodeling begins. A half wall in Room B was removed and pushed forward into Room D (a flex space) without prior Department notification.	Correction Plan DCF will be notified prior to construction.	Expected Completion Date 10-11-24
		Verification Date	

NAME - Agency Worker
Crescentia Sabree
Date Issued
10/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 3-27-25