Date Correction Plan Due 9/18/2026	**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 Next Level Learning Center		Provider Number / Facility ID Number 5000594005 / 001 - 2008934
Address - Facility (Street, City, State, Zip Code) 3155 N 48Th St Milwaukee WI 532163341	Telephone Number 414-467-2956	Date - Regulation Visit 9/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) **Staff File - Staff Record Form** Description: Staff File Record Form not verified for Staff A.	Add all certificates in staff folder & other documents listed. 25-25 on Pos		
2	250.05(4)(b) **Emergency Back-Up Provider - Orientation** Description: Emergency Backup Provider Orientation not verified for Staff B.	Orientation is completed & certificated needed were completed 9/8 & 9/11		

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.06(4)(a)3. **Smoke Detectors - Testing** Description: Smoke Detectors Testing not documented for August 2026.	Set Reminder alarm to conduct all testings. ZsaZsa Poe		

NAME - Agency Worker	Date Issued
Tammy Saffold	9/4/2026
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
[signature]	9/14/26