

Date Correction Plan Due 6/2/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Door Headstart - 29Th St - Ext 2528		Provider Number / Facility ID Number 6000563746 / 001 - 220207		
Address - Facility (Street, City, State, Zip Code) 2545 N 29Th St Milwaukee WI 53210		Telephone Number 414-562-2929	Date - Regulation Visit 5/11/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: There was no documentation of a Staff Record Form for Staff A - F.	All staff have completed the DCF staff record form. These forms have also been filed in each staff member's file in the site director's office."	5 / 13 / 26	
2	251.07(4)(cm) Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older Description: The cots in Room N133 were not covered with sheets or blankets to maintain cleanliness and hygiene.	All staff have been instructed to keep cots covered until they are needed for use.	5 / 13 / 26	

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The cover of the medical log book in Room N128 has become detached from the book. Repeat violation: Previously cited on 12/17/2024	All old medical logs that were deteriorating have been retired. These logs are now filed in the director's office."	5 / 1 5 / 2 6

NAME - Agency Worker
Rhonda Brueggemann, Tiisha Harrell

Date Issued
5/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Latrice Robinson

Date Signed

May 29, 2026