

Date Correction Plan Due 5/28/2024	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)(f) 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 Kids Castle		Provider Number / Facility ID Number 4000591644 / 001 - 2006843		
Address - Facility (Street, City, State, Zip Code) 4211 Green Bay Rd Kenosha WI 531444521		Telephone Number 262-657-7413	Date - Regulation Visit 5/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(10)(dm)1. Washrooms - Sanitary Conditions Description: Bathroom in class 1 observed with unflushed fecal matter.	In the plan of correction, center administration spoke with the classroom teachers about bathroom supervision.	5/6/24	
2	251.06(11)(b)5. Outdoor Play Space - Energy-Absorbing Surfaces Description: Inadequate pea gravel under tune slide exit point.	Purchasing large rubber fall zone mats to place at the bottom of all slides.	7/9/24	
3	251.06(9)(g)1.b. Meal Preparation Staff - Clothing, Hair Restraints Description: Meal prep staff not wearing required hair restraints	Purchased a baseball cap and hair ties for meal prep staff.	5/13/24	

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4	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: Child injured in center on 4/30/24. This injury had not been entered in the class 5 medical log on 5/6/24.	Retraining with all staff members on May 13th during our monthly meeting	5/13/24
5	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Medication authorization in class 5 expired in January of 2024	Implementing a new procedure that all medication must first be viewed by a director before it can be brought to a classroom and all expiration dates will also be documented in a office log.	7/9/24
6	251.07(6)(i)1. Washing Child's Hands & Face Description: No child hand washing after diapering in class 5	Following up with teachers on hand-washing procedures.	5/16/24

NAME - Agency Worker
Paul Spink

Date Issued
5/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lindsey Fox

Date Signed

5/28/24