

<b>Date Correction Plan Due</b> 10/10/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Kids Castle Before-After School-Whi		<b>Provider Number / Facility ID Number</b> 7000581587 / 009 - 2000891	
<b>Address - Facility (Street, City, State, Zip Code)</b> 8542 Cooper Rd Kenosha WI 531583200		<b>Telephone Number</b> 262-925-1836	<b>Date - Regulation Visit</b> 9/25/2019
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.04(5)(a)4. <b>Staff File - Physical Examination Report</b>  Description: Staff A does not have a physical and TB test on file and has worked at the center for 2 years.	Director will work with the staff member to obtain the documentation from the staff member	11/1/19
2	251.04(5)(a)5. <b>Staff File - Registry Certificate, Educational Qualifications</b>  Description: Staff A and B do not have documentation of their educational qualifications on file.	Official transcripts have been requested from the staff.	11/1/19

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3	251.05(1)(b) <b>Shaken Baby Syndrome Prevention Training</b>  Description: Staff A, B, C and D do not have training in Shaken Baby Syndrome Prevention and work with children under the age of 5 years old.	The Director is Att. receiving training to train the staff on SBS.	11/1/19
4	251.06(5)(d) <b>Cleanliness Of Equipment, Furnishings, Sanitation Of Eating Surfaces</b>  Description: There is a sticky, yellow substance on the bottom of the refrigerator, as if something spilled.	Staff has cleaned and sanitized the refrigerator. procedures have been put in place to clean spills timely	11/1/19
5	251.07(6)(f)1.c. <b>Medication Administration - Documenting In Log Book</b>  Description: A child has been receiving medication daily, but the administration of the medication is not being documented in the medical log book. The child received the medication once in September, and three times in June, but none were documented in the medical log book.  Repeat violation: Previously cited on 9/28/2018, 4/13/2018	Staff had been documenting on a separate form to improve communication with the parent. They will now document in both places	9/27/19

NAME - Certification Worker / Licensing Specialist  
Angela Lahr

Date Issued  
9/26/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Angela Lahr*

Date Signed  
9/29/19