

Date Correction Plan Due 10/18/2024	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 Kids Castle Before-After School-Whi		Provider Number / Facility ID Number 7000581587 / 009 - 2000891		
Address - Facility (Street, City, State, Zip Code) 8542 Cooper Rd Kenosha WI 531583200		Telephone Number 262-925-1836	Date - Regulation Visit 10/4/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: In review of medical log entries, it was observed that parents were not notified immediately of when children received head injuries on at least 3 occasions in the last 6 months. The documentation indicates that parents were notified when the child was picked up.	Procedures on when to notify parents of injury was reviewed.	10/15/24	
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: A bag of cereal had been opened and not stored in a metal, glass or food grade plastic container with tight fitting cover or a zip type bag.	Procedures on storing food were reviewed.	10/15/24	

Name - Certified Operator / Licensed Center Kids Castle Before-After School-Whi		Provider Number / Facility ID Number 7000581587 / 009 - 2000891	
Address - Facility (Street, City, State, Zip Code) 8542 Cooper Rd Kenosha WI 531583200		Telephone Number 262-925-1836	Date - Regulation Visit 10/4/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Jennifer Brees

Date Issued
10/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Chayea Honey

Date Signed
10/11/24