

Date Correction Plan Due 12/2/2024	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)(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 - Harvey		Provider Number / Facility ID Number 7000581587 / 023 - 2007380		
Address - Facility (Street, City, State, Zip Code) 2012 19Th Ave Kenosha WI 531404722		Telephone Number 262-652-5287	Date - Regulation Visit 11/22/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have on file documentation of a physical examination within 30 days of employment at the center.	The staff has been notified of the missing document and given deadline to submit	1/6/25	
2	251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The refrigerator temperature was above 40 degrees.	fridge temp has been turned down and new thermometer purchased	12/2/24	

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3	251.07(6)(c)3. III Child - Equipment Description: There was not a cot, or padded mat and a sheet and blanket or a sleeping bag available for ill children to rest.	Another mat has been brought to the site.	12/2/24
			Verification Date

NAME - Agency Worker
Jennifer Brees

Date Issued
11/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Chloe Honey

Date Signed

12/5/24