

<b>Date Correction Plan Due</b> 1/30/2025	<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)(l) 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-Pleasant Prairie		<b>Provider Number / Facility ID Number</b> 7000581587 / 016 - 2004143	
<b>Address - Facility (Street, City, State, Zip Code)</b> 9208 Wilmot Rd Pleasant Pr WI 531582007		<b>Telephone Number</b> 262-515-3160	<b>Date - Regulation Visit</b> 1/17/2025
	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1 <b>251.05(2)(a)1.</b> <b>Staff Record - Personal Information</b>  Description: Staff Record information was not complete for Staff B.	The staff member filed in the missing info during the visit.	2/25/25	
2 <b>251.05(2)(a)3.a.</b> <b>Staff Record - Physical Examination</b>  Description: Staff B did not have a complete physical examination report on file that was signed and dated by a licensed physician, physician's assistant, or other EPSDT provider, that indicated that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children  Repeat violation: Previously cited on 3/31/2023	The staff member has been notified and will get the correct verification from their physician.	2/25/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker  
Jennifer Brees

Date Issued  
1/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Chandra Honey*

Date Signed <sup>DH</sup>  
*DH* 1/22/25