

Date Correction Plan Due 3/11/2025	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.

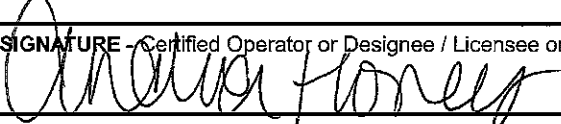
Name - Certified Operator / Licensed Center Kids Castle - Lakeview Academy		Provider Number / Facility ID Number 7000581587 / 022 - 2007378		
Address - Facility (Street, City, State, Zip Code) 6729 18Th Ave Kenosha WI 531434918		Telephone Number 262-652-8287	Date - Regulation Visit 2/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff C did not have on file documentation of a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired.	Staff was notified of The missing document and given a final deadline to submit	4/11/25	
2	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff B did not complete abusive head trauma training before beginning work with children.	Director will work with the staff member to obtain the required training	3/19/25	

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3 251.07(6)(dm)2. Medical Log - Pages & Entries Description: An entry in the medical log book on page 15 was not dated.	Staff was retrained on making med log entries	3/14/25	
4 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Medication intended for use by a child in the care of the center did not have current medication administration authorization from the parent.	Staff was retrained on requirements for medications and the parent will be notified of the missing info	3/14/25	
5 251.094(5)(c)3. School-Age Group Leader - Training Description: Staff C did not have qualified training for the position.	Director will work with the staff member to obtain correct training	5/1/25	
6 251.094(6)(c) School-Age Program Aide - Training Description: Staff E did not complete training within 6 months of assuming the position to be qualified.	Director will work with the staff member to obtain the correct training	5/1/25	

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NAME - Agency Worker
Jennifer Brees

Date Issued
2/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
3/7/25