

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
10/14/2025

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

Provider Number / Facility ID Number

Kids Castle-Jeffery

7000581587 / 013 - 2002557

Address - Facility (Street, City, State, Zip Code)
4011 87Th St Kenosha WI 531425078

Telephone Number
262-652-8207

Date - Regulation Visit
9/26/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff D did not complete abusive head trauma training before beginning work with children. Repeat violation: Previously cited on 10/11/2024	We are revising our onboarding process for new staff to ensure all necessary documentation is received on time	12/01/2025	
2 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not have current training in child abuse and neglect laws, identification and reporting procedures. Repeat violation: Previously cited on 10/11/2024	we are revising our onboarding and training renewal process to ensure all necessary documentation is received on time	12/01/2025	

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3 251.08(4)(c)1. Driver Record - Obtain & Review Description: The center did not provide documentation of a driving record for the driver that transported children on the date of the visit.	A new Driver record was ran for the owner and is available for review	10/3/2025	
4 251.08(5)(b) Vehicle Inspection Report Description: The center did not provide documentation of a vehicle safety inspection for the vehicle used to transport children on the date of the visit.	The owners vehicle is typically used for transporting supplies. However we will have an inspection done in case it is needed for children in the future	12/01/2025	
5 251.08(8)(a) Vehicle Safety Alarm - Installed Description: The vehicle used to transport children on the date of the visit did not have a vehicle child safety alarm installed. The vehicle has a seating capacity of 7.	The owners vehicle is typically used for transporting supplies. However we will get a vehicle safety Alarm installed in case it is used in the future	12/01/2025	
6 251.094(5)(c)3. School-Age Group Leader - Training Description: Staff B did not complete the required training within 6 months after assuming the position.	We have are revising onboarding and training process for all staff	12/01/2025	

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

NAME - Agency Worker

Jennifer Brees

Date Issued
9/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/1/2025