

Date Correction Plan Due  
11/6/2025

**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

Provider Number / Facility ID Number

Kids Castle - Harvey

7000581587 / 023 - 2007380

Address - Facility (Street, City, State, Zip Code)  
2012 19Th Ave Kenosha WI 531404722

Telephone Number  
262-652-5287

Date - Regulation Visit  
10/22/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: Child #5 did not have on file complete physician information, including name and address for the provider caring for the child.	The parent filled in the complete address	10/22/25	
2 251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff B did not have a physical examination within 30 days of employment.  Repeat violation: Previously cited on 11/22/2024	Staff was notified of the missing document and given 10 days to submit.	11/5/25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff B did not complete training on preventing abusive head trauma before beginning work with children under age 5 years.	The completion certificate was emailed to the site director in March, it has been printed and placed in the file	10/23/25	
4 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B did not complete training on child abuse and neglect reporting requirements within one week of beginning work at the center.	The certificate was emailed to the site director in March. It has been printed and placed in the staff file	10/25/25	

NAME - Agency Worker  
Jennifer Brees

Date Issued  
10/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/14/2025