Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/27/2025		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 - Ruth Harman	7000581587 / 012 - 2001480

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
8518 22Nd Ave Kenosha WI 531436455	262-652-8287	11/13/2025

	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 documentation on file of completing a physical examination within 30 days of employment.	The staff member was given a final deadline to submit documentation	12/31/25	
2	251.06(9)(d)1.b. **Food Storage - Refrigeration Units** Description: The temperature in the refrigerator was at 45 degrees.	a new thermometer was purchased and staff will limit the amount of times it is opened	12/15/25	

NAME - Agency Worker
Jennifer Brees

Date Issued
11/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Amanda Honey

Date Signed
12/15/25