

<b>Date Correction Plan Due</b> 6/23/2026	<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 B And A - Grewenow		<b>Provider Number / Facility ID Number</b> 7000581587 / 006 - 1014581		
<b>Address - Facility (Street, City, State, Zip Code)</b> 7717 20Th Ave Kenosha WI 531435816		<b>Telephone Number</b> 262-652-8287	<b>Date - Regulation Visit</b> 6/5/2026	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Documentation of immunizations was not observed in child files.	we are using a new online registration system that requires families to upload records to complete enrollment	9/1/26	
2	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Parent authorization for medications did not include the start and end date.	staff have been retrained on how parent should complete auth forms	6/2/26	

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3	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: An inhaler was labeled with an expiration date of March 2026.	Staff have been retrained on medication requirements and will review regularly	6/12/26
			<b>Verification Date</b>

**NAME - Agency Worker**  
Colleen Hanser

**Date Issued**  
6/9/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Andrea Honey*

**Date Signed**  
6/25/2026