Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/5/2026		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-Jeffery	7000581587 / 013 - 2002557

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4011 87Th St Kenosha WI 531425078	262-652-8207	10/16/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Emergency contact information for Child 1, Child 2 and Child 3 was incomplete during the review.	emergency contact info is available on our child care management software. We are revising enrollment forms to include all required info	12/1/26	
2	251.04(6)(a)6m. **Child Record - Immunization History** Description: Immunization records were not available for review for Child 2 and Child 3.	Those forms have been requested from parents. Staff will follow up to ensure timely submission	11/12/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Medical Log book has not been reviewed within the past six months as required.	The med log has been reviewed and reminder set to ensure compliance going forward	10/27/26	
4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A medication authorization on file for a child did not include the medications length of authorization.	staff will work with parent to get dates for current Authorization	10/30/26	
5	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: Medication on site for a child was not in the original container/package with a label to include the dosage and directions for administration.	staff will wor with the parent to obtain the original container and label	11/12/26	

NAME - Agency Worker
Mindi Sabljak

Date Issued
10/19/2026

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

Date Signed
10/28/2026