

Received via text on 2-19-25
STATE OF WISCONSIN

Date Correction Plan Due
2/20/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

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)(j) and (3)(d), DCF 251.04(2)(L) and (3)(O), 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, 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

Kathryn Kleinhans

5000574725 / 001

Address - Facility (Street, City, State, Zip Code)
200 Kasper Rd Columbus WI 539259106

Telephone Number
920-319-0648

Date - Regulation Visit
2/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(2)(am)1. A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats. Description: Top level of her home did not have a carbon monoxide detector.	got them installed	2-20-25	2-9-25 2-11-25
2 202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats. Description: Mid level of her home had a smoke detector but it was not in working condition.	got it installed	2-20-25	2-9-25 2-11-25

Received via text on 2-19-25

Name - Certified Operator / Licensed Center
Kathryn Kleinhaus

Provider Number / Facility ID Number
5000574725 / 001

Address - Facility (Street, City, State, Zip Code)
200 Kasper Rd Columbus WI 539259106

Telephone Number
920-319-0648

Date - Regulation Visit
2/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 202.08(4m)(e)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.	AKS Done	2-20-25	2-9-25 2-11-25

Description: Written emergency plans were not available for review at the time of the visit.

NAME - Agency Worker
Hanaka Ehler

Date Issued
2/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2/19/25