

<b>Date Correction Plan Due</b>	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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> Ellen Kohler's Daycare		<b>Provider Number / Facility ID Number</b> 2000589292 / 001 - 2003437		
<b>Address - Facility (Street, City, State, Zip Code)</b> 214 E Rossman St Hartford WI 530271256		<b>Telephone Number</b> 262-573-4865	<b>Date - Regulation Visit</b> 6/9/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: Based upon review, the children in care were not signed for the day or the day prior upon arrival. This was corrected by provider during the visit.	<i>every morning make sure children are signed in</i>	<i>6/10/2026</i>	
2	250.055(2)(b) <b>Maximum Number Of Children In Care Of The Provider</b>  Description: Based upon observation, the maximum number of children in care of the provider was exceeded when three children under age 2 were in care, and four children two years old and over were in care.	<i>review children allowance via paperwork accept no more children under 2</i>	<i>07/08/ 2026</i>	

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3	250.06(11)(b)4. <b>Outdoor Play Space - Enclosure</b>  Description: Based upon observation and provider disclosure the outdoor enclosure was not present in two location, to the left side of the yard and behind the sitting area, on premise	put fence enclosure back up	07/08/2026	
4	250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: Based upon review May 2026 did not have a fire drill or tornado drill	do monthly	06/10/2026	
5	250.06(9)(d) <b>Food Storage, Temperatures</b>  Description: Based upon observation there was no thermometer in the fridge in the kitchen.	replace thermometer in fridge/freezer	07/08 2026	
6	250.07(6)(g)6. <b>Handwashing For Persons Working With Children</b>  Description: Based upon observation and provider disclosure, hands were washed with a baby wipe in between diapering children and not with warm water and soap.	wash hands w/ soap & water between diaper changes, not using a wipe	06/10/2026	

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7	250.09(1)(c)4g. Infant & Toddler - Audio Monitoring  Description: Based upon provider statement, the audio monitoring was not operating and needs to be replaced.	replace broken monitors in sleeping bedrooms	07/08/2026

RECEIVED  
ERO - GREEN BAY  
JUN 18 2026  
EPT. OF CHILDREN  
& FAMILIES

<b>NAME - Agency Worker</b> Amanda Holz	<b>Date Issued</b>
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> <i>Ellen Kohler</i>	<b>Date Signed</b> 6/10/2026