

Date Correction Plan Due 6/20/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 920-765-7811
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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)(b) and (3)(d), DCF 251.04(2)(L) and (3)(b), DCF 262.41(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. 48.716. 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 Kinder Haus 2		Provider Number / Facility ID Number 3000589873 / 003 - 2004570		
Address - Facility (Street, City, State, Zip Code) 2300 E Wisconsin Ave Kaukauna WI 541301344		Telephone Number 920-766-4080	Date - Regulation Visit 5/20/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(3)(b)2. Emergencies - Practice Written Plans  Description: Practice of fire evacuations were not completed monthly. There was no documentation of fire and tornado drills since the program opened in March 2024.	safety and emergency documentation form will be hung	5/21/24	
2	251.06(4)(m)2. Fire Alarms & Smoke Detectors - Testing  Description: There was no documentation since the program opened in March 2024 that the fire detection and prevention systems are monitored by a fire prevention agency or that the detectors and alarms have been tested monthly.	Fire and tornado drills will be done monthly	5/28/24 Fire 5/30/24 tornado	

*Lynette Jansen 6.7.2024*

<b>Name - Certified Operator / Licensed Center</b> Kinder Haus 2		<b>Provider Number / Facility ID Number</b> 3000559873 / 003 - 2004570	
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			<b>Verification Date</b>

**NAME** - Agency Worker  
Erin Taylor

Date Issued  
6/6/2024

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

Date Signed