

Date Correction Plan Due 12/2/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(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 Kaukauna Kinder Haus Inc		Provider Number / Facility ID Number 3000559873 / 001 - 420344	
Address - Facility (Street, City, State, Zip Code) 1015 W Wisconsin Ave Kaukauna WI 541301943		Telephone Number 920-766-4080	Date - Regulation Visit 11/14/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.04(6)(a)5. Child Record - Alternate Arrival / Release Agreement Description: Child #1 on the child record checklist failed to have a current alternate arrival/release agreement.	Have alternate arrival / release agreement completed and returned to Childs file.	12/01/24
2	251.04(6)(a)8. Child Record - Physical Examination Description: Child #2 on the child record checklist failed to have a child health report on file.	Give parent, Child health report form and have them and provider complete. Then return to Childs file.	12/01/24

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1015 W Wisconsin Ave Kaukauna WI 541301943		920-766-4080	11/14/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Staff members B and D on the staff record checklist failed to have health reports on file.</p> <p>Repeat violation: Previously cited on 10/18/2023</p>	Both Staff no longer employed	<p>staff B 11/22/24</p> <p>staff D 1/9/25</p>	
4	<p>251.05(2)(a)4.a. Staff Record - Registry Certificate</p> <p>Description: Staff member D on the staff record checklist failed to have a Wisconsin Registry certificate on file.</p>	Staff no longer employed	1/9/25	
5	<p>251.05(2)(a)5. Staff Record - High School Diploma</p> <p>Description: Staff member B on the staff record checklist failed to have a high school diploma on file.</p>	Staff no longer employed	11/22/24	
6	<p>251.05(4)(c)1. Continuing Education Requirement - Full Time Staff</p> <p>Description: Staff member D on the staff record checklist failed to complete continuing education hours for 2023.</p>	staff no longer employed	1/9/25	

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NAME - Agency Worker
Gina Linssen

Date Issued
11/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Hope DeShaney

Date Signed

1/29/25