Date Correction Plan Due 6/16/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811

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	
Kinder Haus 2		3000559873 / 003 - 2004570	
Address - Facility (Street, City, State, Zip Code) 2300 E Wisconsin Ave Kaukauna WI 541301344	**Telephone Number** 920-766-4080	**Date - Regulation Visit** 5/19/2025	
Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1 251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff C did not have documentation of a report on file of a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired.	Staff "C" has apt scheduled for Physical on 7/24	7/24/25	
2 251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff C did not have current documentation of biennial training on child abuse and neglect reporting requirements.	Staff "C" has completed training on 6/2/25	6/2/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Staff A did not have documentation of at least 15 hours of continuing education for 2024.	Staff "A" Will make up hours for 2024.	6/13/25	

NAME - Agency Worker
Erin Taylor

Date Issued
6/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Hope DeShaney

Date Signed