

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-766-7811

Date Correction Plan Due
6/19/2026

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)(f) 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	
Kaukauna Kinder Haus Inc		3000559873 / 001 - 420344	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
1015 W Wisconsin Ave Kaukauna WI 541301943		920-766-4080	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Date - Regulation Visit
Expected Completion Date	Verification Date		
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Based on record review and observation a staff member Staff member failed to have a current background check on file. The staff member previously worked for the center then left and returned did not have a complete fingerprint background check on file. Repeat violation: Previously cited on 4/8/2025	Staff member will complete in a timely manner.	5/28/2026
			6/11/2026
2	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Based on record review on 5/28/26 a staff member within the infant classroom failed to sign out of staff to child ratios during their break. The cook who was covering the break failed to sign into staff to child ratios.	Sign in procedures will be reviewed during staff meeting	
			7/30/2026

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Kaukauna Kinder Haus Inc		3000559873 / 001 - 420344		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1015 W Wisconsin Ave Kaukauna WI 541301943		920-766-4080	5/28/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: Based on observation the outdoor fence facing the parking lot failed to be 4 feet in height. The fence measured 3 feet 8 in.	Fence height will be adjusted 4 in.	7/31/26	
4	251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1 Description: Based on observation of the infant classroom the cribs failed to be placed end-to-end and/or have an aisle not less than 2 feet. Two cribs were placed end to side.	Crib placement will be reviewed with appropriate staff.	7/31/26	
5	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Based on record review the program failed to review the medical log books every 6 months. The last time it was reviewed was 12/5/24.	Medical logs will be reviewed quarterly + data will be documented	7/31/26	

NAME - Agency Worker
Cassandra Debauche

Date Issued
6/5/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kristin Underwood

Date Signed
6/23/26

930 - 230