

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
6/26/2026

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  
6/11/2026

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: Based on record review on 6/11/26 according to the Child Record Checklist Child 2 failed to have an Alternative Arrival Form on file. The child arrives via bus from summer school.

Children arriving from summer school will have signed release forms

7/15/26

2

251.05(2)(a)4.b.

**Staff Record - Registry Certificate - School Age Programs**

Description: Based on record review on 6/11/26 according to the Staff Record Checklist Staff Member A and Staff Member B failed to have a Registry Certificate on file. Staff have been employed since 2022 and 2023. staff member A + B are seasonal employees.

All staff will have updated Registry certs on file.

7/15/26

\* DPI behind processing schedule

Name - Certified Operator / Licensed Center  
 Kinder Haus 2

Address - Facility (Street, City, State, Zip Code)  
 2300 E Wisconsin Ave Kaukauna WI 541301344

Telephone Number  
 920-766-4080

Provider Number / Facility ID Number  
 3000559873 / 003 - 2004570

Date - Regulation Visit  
 6/11/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(6)(c)3. Ill Child - Equipment Description: Based on observation the program failed to have ill child equipment onsite.	Proper accommodations for ill children will be provided.	7/31/26	
4 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Based on record review the medical log book failed to be reviewed every 6 months. Their is no documentation that it has ever been reviewed. Program began 6/8/26	medical logs will be reviewed quarterly	7/31/26	
5 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based on observation and record review on 6/11/26, two medications were on site. The medications had a blanket authorization date and signed by the parent. The authorization failed to have a length of time that is specified on the medication label.	Staff will be properly trained on how to fill out med forms	7/31/26	

NAME - Agency Worker  
 Cassandra Debauche

Date Issued  
 6/12/2026

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

Date Signed  
 6/23/26