Date Correction Plan Due 9/15/2026	**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**	
Kaukauna Kinder Haus Inc		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** 8/18/2026	

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Based on record review on 8/18/26 according to the Child Record Checklist Child 1 failed to have an enrollment form on file.	Obtain form from parent	9/30/26	
2	251.04(6)(a)8. **Child Record - Physical Examination** Description: Based on record review on 8/18/26 according to the Child Record Checklist Child 3 failed to have a health report on file. Repeat violation: Previously cited on 11/14/2024	Update health report	9/30/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kaukauna Kinder Haus Inc		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** 8/18/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.055(2)(g)1. **Naptime - Staff-To-Child Ratio Supervision** Description: Based on observation of the center during nap time on 8/18/26 the center failed to meet sight and sound supervision requirements when rooms were extremely dark during nap time and children could not be seen. The licensing specialist had to utilize a an electronic device for light in order to see children.	Add night lights to rooms	9/30/26	

NAME - Agency Worker
Cassandra Debauche

Date Issued
9/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kristine Underwood

Date Signed
9/14/26