DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 10/9/2026	**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** 9/24/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on record review on 9/24/26 according to the Staff Record Checklist Staff Member B failed to have a health report on file. Repeat violation: Previously cited on 11/14/2024	Staff member will get a physical and report will be in her folder.	12/31/26	
2	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Based on a self report and record review the center failed to have accurate documentation of days and hours worked, and in which classroom when the staff members were included in staff to child ratios within the infant classroom on 9/11/26. Repeat violation. Previously cited on 5/28/2026	Staff will be trained & use Pro Care exclusively.	12/31/26	

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** 9/24/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based on record review on 9/24/26 according to the Staff Record Checklist Staff Member A and B failed to have biennial child abuse and neglect training on file. Repeat violation: Previously cited on 5/30/2025	All staff will review biennial child abuse & neglect @ the next staff meeting	10/18/26	
4	251.05(3)(gr)3.a. **Meal Prep Personnel - Training** Description: Based on record review on 9/24/26 according to the Staff Record Checklist Staff Member B failed to have documentation of at least 4 hours of training in kitchen sanitation, food handling, and nutrition prior to beginning work and one hour of training in kitchen sanitation, food handling and nutrition annually thereafter.	Member B will Complete all trainings regarding kitchen work.	12/31/26	
5	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Based on record review on 9/24/26 according to the Staff Record Checklist Staff Member c failed to have a complete orientation on file.	Orientation will be signed by Board President.	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)	Telephone Number	Date - Regulation Visit
1015 W Wisconsin Ave Kaukauna WI 541301943	920-766-4080	9/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Based on record review on 9/24/26 according to the Staff Record Checklist Staff Member A and B failed to have documentation of any continuing education for 2025. Both staff were required to have 15 hours of continuing education in 2025. Repeat violation: Previously cited on 5/30/2025, 11/14/2024	All continuing education will be kept on file for 5 years.	12/31/26	
7	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: Based on a self report on 9/11/26 within the infant classroom an infant in care failed to have their breast milk labeled with the child's name and dated within the refrigerator. The infant bottles were stored within the refrigerator door and failed to be labeled with their name and dated.	2 step verification & proper bottle feeding policy written & enforced.	9/30/26	
8	251.09(3)(a)2m. **Infant & Toddler - Correct Food, Breastmilk, Or Formula** Description: The program self reported on 9/11/26 that an infant failed to be fed the correct breastmilk. An infant who drinks breastmilk was fed 4 oz of another infants breastmilk.	See above	9/30/26	

NAME - Agency Worker
Cassandra Debauche

Date Issued
9/25/2026

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

Date Signed
9/30/2026