Date Correction Plan Due 1/1/2026	**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**
Boys And Girls Club Of Oshkosh-Winneconne	9000559259 / 013 - 2008542

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
233 S 3Rd Ave Winneconne WI 549869646	920-233-1414	10/30/2025

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on record review on 10/30/25 according to the Staff Record Checklist Staff Member B and D failed to have a health report on file.	Staff B is no longer employed at that site. Staff D's health report is on file now.	11/3/25	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based on record review on 10/30/25 according to the Staff Record Checklist. Staff Member B failed to have child abuse and neglect on file.	Staff B now has Child Abuse + Neglect on file.	11/3/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(3)(b)1. **Emergencies - Routes And Shelter Areas Posted** Description: Based on observation on 10/30/25 the center Failed to have emergency routes posted.	Routes and Shelter Areas are posted.	11/3/25	
4	251.095(2m)(d) **School-Age Care - Group Leader Supervision For 45 Minutes** Description: Based on observation on 10/30/25 a school age group leader was not present from 3:00pm-3:15pm. The remaining 3 staff had not completed any training so they should have not been in sole supervision of children.	Staff has completed her class to be considered a Teacher Assistant. Certificate is now on file as of 11/3/25.	11/3/25	

NAME - Agency Worker
Cassandra Debauche

Date Issued
12/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/19/25