

CANDY NALL

TO FILE A COMPLAINT CALL

920-386-1211

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
8/22/2025

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)(f), 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

Scott Kacz-Christian

Provider Number / Facility ID Number

1000591821 / 001

Address - Facility (Street, City, State, Zip Code)
1629 Michigan St Oshkosh WI 549026862

Telephone Number
920-373-0828

Date - Regulation Visit
7/31/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1m)(c) A Certified Family Child Care Operator Shall Submit A Completed Background Check Request Form To The Department Or Certification Agency For Each Potential Household Member Age 10 Or Older Prior To The Date On Which The Person Becomes A Household Member. Description: Child's mother and boyfriend reportedly lived in the certified providers location for 1 week, 7-23-25-8-1-25 without the notification to the certification agency or appropriate background checks.	Child's mother may not reside in a location in which the child is in care. Any adult moving into a regulated child care home, must have successfully completed the fingerprint background check process.	[Redacted] <i>in their new place</i>	[Redacted] 8/1/2025

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Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Scott Kacz-Christlan		1000591821 / 001		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1629 Michigan St Oshkosh WI 549026862		920-373-0828	7/31/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children. Description: All outlets not in use must be covered. Animal kibble cannot be accessible	Must be inaccessible at all times during regulated child care hours.	Outlets 8/18/2025 Est. Date	
3	202.08(5)(i) The Certified Child Care Operator Shall Keep Current And Accurate Written Records Of The Daily Hours Of Attendance Of Each Child In Care, Including The Actual Arrival And Departure Time Times For Each Child. If Children Are Transported To Or From The Premises Or School By The Operator Or Another Provider On Behalf Of The Operator, The Daily Attendance Record Shall Include The Actual Time The Child Was Picked Up Or Dropped Off. Description: Operator must keep actual hours child is in care, not record child's schedule.	Operator must keep actual hours child is in care, not record child's schedule.	Right types, we typically spray it out of reach We have changed our process	
4	202.08(8m)(e) No Trampolines Or Inflatable Bounce Surfaces On The Premises Are Accessible To Children Or Used By Children In Care. Description: Small trampoline was observed at the provider's location.	On 8/12/25 the it was reported to the certification agency it has been removed from the premises.	Moved to 8-1-2025	

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Correction Plan

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Verification
Date

NAME - Agency Worker
Less Alston

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
8/12/2025

Date Signed

8/15/2025