

Date Correction Plan Due 9/23/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Precious Cargo	RECEIVED NERO - GREEN BAY	Provider Number / Facility ID Number 7000582187 / 001 - 1014335
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Address - Facility (Street, City, State, Zip Code) 1231 Corine Ct Pulaski WI 541629009	SEP 16 2025	Telephone Number 920-822-8116	Date - Regulation Visit 8/20/2025
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	Rule/Statute Number Noncompliance Statement	DEPT. OF CHILDREN & FAMILIES Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Of 8 Children's Records reviewed 1 failed to have documentation of consent for emergency medical treatment.	Parent checked off appropriate boxes for medical treatment.	8-20-25	
2	250.06(6)(b)1.a. Private Well - Annual Bacteria Test Description: A current/annual well test for bacteria was not available.	water sample sent to madison for testing.	9-2-25	
3	250.06(6)(b)2.a. Private Well - Annual Nitrate Test Description: A current/annual well test for Nitrates was not available.	water sample sent to madison for testing.	9-2-25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	250.06(6)(b)3.a. Private Well - Lead Test Description: A current/5 year well test for lead was not available.	water sample sent to madison for testing.	9-2-25	

NAME - Agency Worker
Ruth Sprangers

Date Issued
9/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Shen Bishop

9-9-25