

<b>Date Correction Plan Due</b> 8/5/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> Precious Memories		<b>Provider Number / Facility ID Number</b> 0000589600 / 001 - 2004092		
<b>Address - Facility (Street, City, State, Zip Code)</b> 744 Schoen St Green Bay WI 543023124		<b>Telephone Number</b> 920-469-2233	<b>Date - Regulation Visit</b> 7/23/2019	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(8)(b) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Four of four staff records reviewed did not have evidence of CAN training.	Was Completed on 7-24-19 by all Staff members	7-24-19	
2	251.05(1)(b) <b>Shaken Baby Syndrome Prevention Training</b>  Description: Three of four staff records reviewed did not contain documentation of completed SBS training.	Was Completed by all Staff members	7-30-19	

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3	251.05(1)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: One of four staff records reviewed did not contain a current infant/child CPR certificate.	CPR is completed	7-30-19	
4	251.05(1)(L)1. <b>Staff Health Examination - Requirements</b>  Description: Two of four staff records reviewed did not contain required health report.	Will be completed in the required amount of time	7-30-19	
5	251.05(1)(L)1.a. <b>Staff Health Examination - Illness</b>  Description: Two of four staff records reviewed did not contain TB test results as required.	15 Completed by staff members needing it.	7-30-19	
6	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Written parental authorizations for medications did not always contain required instruction/information.	Parent authorizations will be completed at all times	7-24-19	

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7	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: Medications kept at the center did not always have current medication administration authorizations from parents.	All medications will have the required forms at all Times	7-24-19
8	251.09(1)(e) <b>Infant &amp; Toddler - Provider Training</b>  Description: One assistant child care teacher caring for infants/toddlers, did not have required training in infant and toddler care within 6 months of assuming the position.	Will be completed in the required time	7-30-19

NAME - Certification Worker / Licensing Specialist  
Judith Zanon

Date Issued  
7/25/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCF-F-CFS0294-E (R.06/2011)

7-31-19