

<b>Date Correction Plan Due</b> 10/29/2021	<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)(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.

<b>Name - Certified Operator / Licensed Center</b> Precious Memories		<b>Provider Number / Facility ID Number</b> 0000589600 / 002 - 2005308		
<b>Address - Facility (Street, City, State, Zip Code)</b> 980 Willard Dr Green Bay WI 543045067		<b>Telephone Number</b> 920-455-0445	<b>Date - Regulation Visit</b> 10/12/2021	
	<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(6)(a)6m. <b>Child Record - Immunization History</b>  Description: One child did not have documentation of completion of an immunization record on site during the visit.  Repeat violation: Previously cited on 4/6/2021	Imm. record was faxed to Jody 10/13/21. Asst. Director goes through Children's files the last Tuesday of every month.	10/13/21	
2	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: One child did not have documentation of a physical on site during the visit.	Physical was faxed to Jody on 10/13/21. Asst. Director will check Children's files the last Tuesday of every month.	10/13/21	

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3	251.05(2)(a) <b>Staff Record - Maintenance &amp; Availability</b>  Description: One staff member did not have a file on site during the visit.	Asst. Director will check staff records every 3 months	10-20-21	
4	251.09(1)(k) <b>Infant &amp; Toddler - Bedding</b>  Description: Not all cribs in the infant room had sheets on them that were tight fitting.	All non fitting sheets were removed from babyrooms and were replaced w/ fitting sheets	10-20-21	
5	251.09(2)(bm) <b>Infant &amp; Toddler - Sleep Position</b>  Description: The center staff allowed a 4 month old infant child under to sleep in a chair without authorization from a physician.	All Staff was talked to about putting infants in cribs when they are sleeping	10-13-21	

**NAME - Certification Worker / Licensing Specialist**  
Jody Beyer

**Date Issued**  
10/15/2021

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Amel Zue*

**Date Signed**

10-22-21