

Date Correction Plan Due 10/13/2023	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

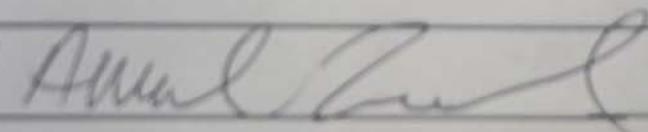
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Precious Memories		0000589600 / 001 - 2004092	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
744 Schoen St Green Bay WI 543023124		920-469-2233	9/27/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: One of four staff records reviewed did not have documentation of a physical examination completed not more than 12 months prior to nor more than 30 days after being hired.  Repeat violation: Previously cited on 9/30/2022	Staff Member has an APPT. Oct. 6th, 23	OCT. 6 <sup>th</sup> , 23
2	251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b>  Description: One of four staff records reviewed did not have complete documentation of continuing education in 2022.	I will get continuing education courses for All Staff	OCT. 31 <sup>st</sup>

Name - Certified Operator / Licensee Name: Previous Manager:		Facility Number / Facility ID Number: 00000000000000000000000000000000
Address - Facility (Street, City, State, Zip Code): 782 Schoen St, Green Bay, WI 54302-2128		Date - Inspection Date: 8/27/2023
Rule/Statute Number: Noncompliance Statement:	Telephone Number: 800-800-2212	Correction Plan:
		Expected Completion Date:
		Verification Date:

NAME - Agency Worker:  
Erin Taylor

Date Issued:  
8/29/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed:

9-29-23