

Date Correction Plan Due
10/13/2023

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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

Verification
Date

1

251.05(2)(a)3.a.

Staff Record - Physical Examination

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. 6th, 23

2

251.05(4)(c)1.

Continuing Education Requirement - Full Time Staff

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. 31st

Name - Certified Operator / Licensed Driver

Previous Memories

Facility Number - Facility ID Number

0000000000 - 0000 - 00000000

Address - Facility (Street, City, State, Zip Code)

744 Schoen Bl Green Bay WI 543020124

Telephone Number

920-829-2213

Date - Regulation Met

9/27/2023

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

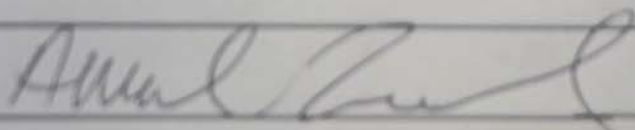
NAME - Agency Worker

Erin Taylor

Date Issued

9/29/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

9-29-23