

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

Date Correction Plan Due 11/19/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL 920-785-7811</b>
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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 Moments Inhome Daycare Llc		Provider Number / Facility ID Number 9000588999 / 001 - 2003867		
Address - Facility (Street, City, State, Zip Code) 1517 Vogt Dr West Bend WI 530954994		Telephone Number 262-334-4863	Date - Regulation Visit 11/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.d. Child Record - Heath Exam Report  Description: Based upon record review, a child enrolled in care did not have a completed health report on file.	The child Health Exam Report is done and in his file now.	Nov. 8, 2025	Nov- 7, 2025
2	250.04(6)(a)4m. Child Record - Immunization History Compliance  Description: Based upon record review, a child enrolled in care did not have documentation of immunization compliance.	The child Immunization Record is done after the inspection and in the child's file now.	Nov. 7, 2025	Nov. 7, 2025

NAME - Agency Worker  
Amanda HolzSIGNATURE - Certified Operator or Designee / Licensee or Designee  
Jaycel U. Pawlowski

DCF-F-CFS0284-E (R.06/2011)

Date Issued  
11/5/2025

Date Signed

11/7/2025