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SEP 13 2021
 State of Wisconsin
 Dept. of Children and Families

DEPARTMENT OF CHILDREN AND FAMILIES
 Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 9/17/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-630-1148
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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 202.085, DCF 250.04(2)(b) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(a). 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. 48.887. 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 Pam's Precious Moments Day Care		Provider Number / Facility ID Number 8000564088 / 002 - 1014254	
Address - Facility (Street, City, State, Zip Code) 820 Terry Ct Sparta WI 54656		Telephone Number 608-288-1824	Date - Regulation Visit 8/31/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(8)(a)4.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #2 does not have documentation of a follow-up exam within the past 6 months.	Mom provided the new form on Sept 10, 2021 For the future I have a sheet on my desk with everyone's next date for the forms to be filled out.	Sept 10, 2021	

Name - Certified Operator / Licensed Center Pam's Precious Moments Day Care		Provider Number / Facility ID Number 800564088 / 002 - 1014254	
Address - Facility (Street, City, State, Zip Code) 820 Terry Ct Sparta WI 54656		Telephone Number 608-269-1824	Date - Regulation Visit 6/21/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	250.04(8)(a)4 b. Child Record - Physical Exam - Over 2, Under 5 Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center, and a follow-up health examination at least once every 2 years thereafter. Child record #4 did not have documentation of a follow-up health examination at least every 2 years.	He is no longer enrolled in over my program. I have a sheet on my desk with all the children's next date of medical forms to be filled out.	-

AME - Certification Worker / Licensing Specialist
miller Stubbs

Date Issued
6/3/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

SP-427 (02/2014-E) (1/18/2017)

9-3-2021