

Date Correction Plan Due 10/16/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
--	--	--

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 260.04(2)(b) and (3)(d), DCF 251.04(2)(L) and (3)(F), DCF 262.41(1)(L) and (2)(b). 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. That request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.718. 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 Miss Jenny's House	Provider Number / Facility ID Number 8000571228 / 002 - 2004587
---	--

Address - Facility (Street, City, State, Zip Code) 1970 Norway Pine Dr Plover WI 54457-3054	Telephone Number 715-459-9721	Date - Regulation Visit 8/15/2025
--	----------------------------------	--------------------------------------

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 6 Description: Child 1, 2, and 3 did not have record of a health report on file within the past two years.	Requested updated health reports from the parents.	9/22/25	
2	250.06(2)(n)5. Radon - Continuous Testing Description: The continuous radon testing due in August 2025 was not conducted.	Radon testing kit was onsite but did not have results yet. * Lab result was received 9/26/25		

Name - Certified Operator / Licensed Center Miss Jenny's House		Provider Number / Facility ID Number 6000571226 / 002 - 2004587	
Address - Facility (Street, City, State, Zip Code) 1970 Norway Pine Dr Plover WI 54457-3054		Telephone Number 715-459-8721	Date - Regulation Visit 9/15/25
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.07(8)(13). Medication - Storage Description: One medication was stored in the hallway closet on a shelf that is accessible to children.	Moved to a higher shelf.	9/15/25	
4 250.07(6)(15). Medication Administration - As Labeled & Authorized Description: One medication had expired in June 2024 and was still on the premises.	Parent brought new medication good until 2/28/26	9/17/25	

NAME - Agency Worker
Heather Struck

Date Issued
10/1/2025

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

Jennifer Marten

10/3/25