

Date Correction Plan Due 3/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Jeannine's Family Care		Provider Number / Facility ID Number 5000578705 / 001 - 1001518	
Address - Facility (Street, City, State, Zip Code) 7436 Meadowrue Cir Middleton WI 53562		Telephone Number 608-836-1995	Date - Regulation Visit 3/4/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(2)(i)1.a. Monitoring Results Posted Description: Previous monitoring visit results were not visible or posted next to the license.	<i>I will post visit results next to the license in the future until your next visit.</i>	<i>3/13/25</i>
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1 did not have documentation of an initial health exam or follow-up health exams on file.	<i>I gave the parent a copy of the child health report sheet. She will return it this week. (By 3/13/25)</i>	<i>3/13/25</i>

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child #2 did not have documentation of immunization history on file.	I gave the parent another copy of the immunization history sheet, which she has returned on 3/6/25	3/6/25

NAME - Agency Worker
Rebecca Brickson

Date Issued
3/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jeannine DiNiceli **Date Signed** 3/9/25