

Date Correction Plan Due 3/22/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---------------------------------------	--	--

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 Michelle's Little Ones		State of Wisconsin <i>Received</i> MAR 9 2025	Provider Number / Facility ID Number 4000580184 / 001 - 1009172	
Address - Facility (Street, City, State, Zip Code) 251 Hewitt St Eau Claire WI 54703		DCF DECE BECR WBO	Telephone Number 715-832-3098	Date - Regulation Visit 3/6/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(f) Staff File - Continuing Education Description: During a staff file review, it was found the provider was short of continuing education hours for 2024. Family providers are required to receive 15 hours of continuing education each year.	<i>Went on line</i>	<i>3-14-25</i>	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Although the provider reviewed the required biennial Child Abuse and Neglect Training, the training was not obtained through a Department-approved source.	<i>Went online and completed it. on 3-9-25</i>	<i>3-9-25</i>	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Michelle's Little Ones		4000580184 / 001 - 1009172		
Address - Facility (Street, City, State, Zip Code) 251 Hewitt St Eau Claire WI 54703		Telephone Number 715-832-3098	Date - Regulation Visit 3/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(1)(b)2. Minimum Indoor Temperature Description: Rule requires the indoor temperature to be no less than 67 degrees F. However, during the licensing visit, the center thermostat read 66 degrees.	closed the windows and turned the Heat up	3-6-25	
4	250.06(7)(a)1. Exits - Unobstructed Description: The licensee's secondary exit was blocked from the outside by snow and a number of empty cardboard boxes.	Cleaned up the Boxes	3-8-25	
5	250.07(6)(b)3.a. Medical Log Book - Evidence Of Injuries Received In Or Out Of Care Description: The provider has not recorded observations of injuries received in or out of care, for the previous five years.	I will start using it	3-6-25	
6	250.07(7)(a) Pets & Animals - Health & Immunization Description: Upon paperwork review, the provider didn't have updated immunizations for her dog.	made an Appointment with the vet.	3-13-25	

Name - Certified Operator / Licensed Center Michelle's Little Ones		Provider Number / Facility ID Number 4000580184 / 001 - 1009172	
Address - Facility (Street, City, State, Zip Code) 251 Hewitt St Eau Claire WI 54703		Telephone Number 715-832-3098	Date - Regulation Visit 3/6/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Heather Ruf

Date Issued
3/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed


