

Date Correction Plan Due 12/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 202.065, 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 Meadow Wood Child Care		Received State of Wisconsin	Provider Number / Facility ID Number 8000561468 / 003 - 1014222			
Address - Facility (Street, City, State, Zip Code) 4801 Promontory Ct Eau Claire WI 54701		DEC 03 2025	Telephone Number 715-864-1541	Date - Regulation Visit 11/19/2025		
	Rule/Statute Number Noncompliance Statement	DCF DECE BECR WRO	Correction Plan		Expected Completion Date	Verification Date
1	250.04(2)(L) Background Check Request Form - Addition To Household Description: Rule states a Licensee must "Submit a completed background check request form to the department for each potential household member prior to the date on which the individual becomes a household member, unless the person is less than 10 years of age." Contrary to rule, during a licensing visit on this date, the licensee informed the Licensing Specialist that her adult son had moved back into the home. His personal belongings were observed in the bathroom, as well as a bedroom. A background check request was not submitted for this individual.		my son completed it Friday, Nov. 21 he was still in the FBI system and <u>PASSED</u>		11-21-25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 250.09(2)(c) Infant & Toddler - Sleep Position Description: Rule states "Each child under one year of age shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child's physician." On this date, an 11 month old child was observed sleeping in a 'bouncy seat', instead of a crib as required.	she is very scared of pack + play so to help her, I let her sleep ON HER BACK in an infant recliner seat with ductile	11-21-25	

I was trying to help her feel better + more comfortable — she sleeps on floor at her home

she is almost a year old (12/24/24)

NAME - Agency Worker
Heather Ruf

Date Issued
11/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Vecki Bignell

Date Signed

Nov 25, 2025