

Date Correction Plan Due 7/12/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Milk And Honey Day Care Llc		Provider Number / Facility ID Number 8000584498 / 001 - 1014046		
Address - Facility (Street, City, State, Zip Code) 1401 Fur Farm Rd Washburn WI 548914554		Telephone Number 715-373-0625	Date - Regulation Visit 6/27/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 1 does not have an immunization history on file. Repeat violation: Previously cited on 7/12/2023	discussed with family, gave them form.	7/22/24	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have current child abuse and neglect training o file. Repeat violation: Previously cited on 7/12/2023	will look up online training.	7/22/24	

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3	<p>250.06(3)(b) Emergency Plans - Practice</p> <p>Description: There was no written documentation of fire drills being completed for January, February, March, April or May 2024. There was no written documentation of tornado drills being completed in April or May 2024.</p> <p>Repeat violation: Previously cited on 7/12/2023</p>	print form for easier tracking and documentation.	6/27/24	
4	<p>250.06(6)(b)1.a. Private Well - Annual Bacteria Test</p> <p>Description: There was not a current bacteria test on the private well.</p>	picking up bottles after holiday.	8/1/24	
5	<p>250.06(6)(b)2.a. Private Well - Annual Nitrate Test</p> <p>Description: There was not a current nitrate test on the private well.</p>	picking up bottles after holiday	8/1/24	
6	<p>250.06(6)(b)3.a. Private Well - Lead Test</p> <p>Description: There was not a current lead test on the private well.</p>	left message with county about lead testing. awaiting their reply.	8/1/24	

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7	250.07(6)(g)1. Hand & Face Washing Description: Per observation, there were 3 children who were dropped off at the center did not wash hands before eating breakfast.	wash hands	7/1/24
			Verification Date

NAME - Agency Worker
Bonnie Davis

Date Issued
6/28/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/4/24