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| Date Correction Plan Due 5/2/2024 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 920-785-7811 |
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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.

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| Name - Certified Operator / Licensed Center Honeybee Childcare | | Provider Number / Facility ID Number 4000590924 / 001 - 2006301 | | |
| Address - Facility (Street, City, State, Zip Code) 350 Elm St Menasha WI 549523406 | | Telephone Number 608-604-1259 | Date - Regulation Visit 4/17/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.04(6)(a)1m. Child Record - Health History Description: Based on record review on 4/17/24 according to the Child Record Checklist Child 3 and 4 failed to have a health history on file. Repeat violation: Previously cited on 4/20/2023 | I have spoken to parents + will have parents fill these out. | 5-30-24 | |
| 2 | 250.04(6)(a)4. Child Record - Physical Exam Description: Based on record review on 4/17/24 according the the Child Record Checklist Child 1 and Child 2 failed to have health reports on file. Repeat violation: Previously cited on 4/20/2023 | I have spoken to Parents + will have these completed. | 5-30-24 | |

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| Name - Certified Operator / Licensed Center Honeybee Childcare | | Provider Number / Facility ID Number 4000590924 / 001 - 2006301 | |
| Address - Facility (Street, City, State, Zip Code) 350 Elm St Menasha WI 549523406 | | Telephone Number 608-604-1259 | Date - Regulation Visit 4/17/2024 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date Verification Date |
| 3 | 250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Based on record review on 4/17/24 according to the Child Record Checklist Child 5 failed to have a child intake on file. Repeat violation: Previously cited on 2/1/2023 | I have spoken to Parents. | 5-30-24 |

NAME - Agency Worker
Cassandra Debauche

Date Issued
4/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Katherine Susemieg

Date Signed

5-22-2024