

<b>Date Correction Plan Due</b> 4/17/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Honeybee Childcare		<b>Provider Number / Facility ID Number</b> 4000590924 / 001 - 2006301		
<b>Address - Facility (Street, City, State, Zip Code)</b> 350 Elm St Menasha WI 549523406		<b>Telephone Number</b> 608-604-1259	<b>Date - Regulation Visit</b> 4/1/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)4. <b>Child Record - Physical Exam</b>  Description: Based on record review on 4/1/25 according to the Child Record Checklist Child 1 and Child 5 failed to have Health Reports on file.  Repeat violation: Previously cited on 4/17/2024, 4/20/2023	I have given forms to families. Waiting for them to be returned	4/18/25	
2	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: Based on record review on 4/1/25 according to the Child Record Checklist Child 6 failed to have a immunization record on file.  Repeat violation: Previously cited on 4/20/2023	I have given the form to family. Waiting for results.	4/18/25	4/06/25

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3 250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Based on record review on 4/1/25 according to the Staff Record Checklist Staff Member A failed to have biennial child abuse and neglect on file.	I have located training, working on it this week	4/20/25	
4 250.06(3)(b) <b>Emergency Plans - Practice</b>  Description: Based on record review on 4/1/25 the program failed to practice emergency plans and drills in the year 2025. The program failed to practice fire drills in the months of January and February.	I have implemented monthly checks on my records + drills as not to forget	4/12/25	
5 250.06(4)(a)3. <b>Smoke Detectors - Testing</b>  Description: Based on record review on 4/1/25 the program failed to test smoke detectors in the year 2025. The program failed to test smoke detectors in the months of January and February.	I checked them this week + will continue.	4/10/25	
6 250.09(1)(c)4g. <b>Infant &amp; Toddler - Audio Monitoring</b>  Description: Based on observation the program failed to have an audio monitoring device for a 6 month old infant who was sleeping upstairs bedroom.	I have a monitor + will set up immediately	4/9/25	

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<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Cassandra Debauche

**Date Issued**  
4/3/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Cassandra Debauche*

4/14/25