| Date Correction Plan Due<br>8/27/2026 | **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** | TO FILE A COMPLAINT CALL<br>920-785-7811 |
|---|---|---|

**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** | | **Provider Number / Facility ID Number** | |
|---|---|---|---|
| Honeybee Childcare | | 4000590924 / 001 - 2006301 | |
| **Address - Facility (Street, City, State, Zip Code)**<br>350 Elm St Menasha WI 549523406 | **Telephone Number**<br>608-604-1259 | **Date - Regulation Visit**<br>3/23/2026 | |

| | **Rule/Statute Number**<br>**Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
|---|---|---|---|---|
| 1 | 250.04(6)(a)1m.<br>**Child Record - Health History**<br><br>Description: Of 8 Children's Records reviewed 1 was missing documentation of a completed Health History- page 2 was missing.<br><br>Repeat violation: Previously cited on 4/17/2024 | Health History Page was given to family & filled out. | Aug. 20 - 20 26 | Sept. 1 2026 |
| 2 | 250.04(6)(a)2.<br>**Child Record - Field Trip Permission**<br><br>Description: Of 8 Children's Records reviewed 1 was missing documentation for walking field trips when leaving the premises. | A copy of the permision slip was given to family | Sept. 21 - 2026 | |

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| 3 | 250.04(6)(a)4.<br>**Child Record - Physical Exam**<br><br>Description: Of 8 Children's Records reviewed 2 were missing documentation of an exam.<br><br>Repeat violation: Previously cited on 4/1/2025, 4/17/2024 | ~~Will~~ health report was given to families & filled out.<br><br>will be ~~sent~~ given to families 9-21-2026 | Was returned in many | was completed in May |
| 4 | 250.04(6)(a)4.a.<br>**Child Record - Physical Exam - Under 2**<br><br>Description: Of 8 Children's Records reviewed 2 were missing documentation of an updated exam every 6 months. | | 9-22-2026 | |
| 5 | 250.04(6)(a)4m.<br>**Child Record - Immunization History Compliance**<br><br>Repeat violation: Previously cited on 4/1/2025 | Will be given 9-21-2026 | 9-22-26 | |
| 6 | 250.04(6)(b)<br>**Current, Accurate Daily Attendance Record**<br><br>Description: The Attendance Record for the current week failed to be fully completed.<br>The record shall have the full children's names, DOB, and arrival and departure times for each day attended. | Have been reminding families to sign-in. | has been completed | was completed in May |

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| | **Rule/Statute Number**<br>**Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
| 7 | 250.07(4)(cm)<br>**Naps - Sleep Surface - Child Under 1 Year**<br><br>Description: A pack-n-play failed to be in good repair- contained a hole in the mesh siding.<br>Fixed after visit, verified by photo. | NA | NA | NA |

Esther Sensenig

**NAME** - Agency Worker
Ruth Sprangers

Date Issued
8/13/2026

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

Date Signed
9-20-2026