

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
1/15/2025

**TO FILE A COMPLAINT CALL**  
262-446-7800

**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**

Bizzy Bees Beehive Childcare Center

2000591782 / 001 - 2006998

**Address - Facility (Street, City, State, Zip Code)**  
1313 High St Racine WI 534042310

**Telephone Number**  
262-977-0929

**Date - Regulation Visit**  
1/6/2025

**Rule/Statute Number**  
**Noncompliance Statement**

**Correction Plan**

**Expected Completion Date**  
**Verification Date**

1

251.04(6)(a)1.  
**Child Record - Enrollment Information**

Description: Child 1 & 3 did not have first day of attendance documented on child enrollment form

make sure all children had all forms are completed with all required dates.

1/10/25

2

251.04(6)(a)6.  
**Child Record - Health History**

Description: Child 1, 2 & 3 did not have health history form completed in file

make sure all children have all forms are completed and are in files

1/10/25

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1313 High St Racine WI 534042310		262-977-0929	1/6/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
			Verification Date	
3	<p>251.05(2)(a)  <b>Staff Record - Maintenance &amp; Availability</b>            Description: Staff on premise did not have a file available for review during monitoring visit.</p>	<p>make sure all staff files are in premises at the facility</p>	1/10/25	
4	<p>251.05(2)(a)2.  <b>Staff Record - Completed Background Check</b>            Description: Staff during monitoring visit were not entered into CCPP and background check was not completed</p>	<p>make sure all staff background checks are completed in to system.</p>	1/10/25	
5	<p>251.06(2)(b)  <b>Electrical Or Hot Surface Protection</b>            Description: Electrical outlets and lose exposed cords were accessible to children in infant room</p>	<p>all exposed cords are covered and not accessible to children in infant room</p>	1/10/25	
6	<p>251.06(2)(d)  <b>Access To Materials Potentially Harmful To Children</b>            Description: Spray bottles including chemicals were accessible to children</p>	<p>make sure all materials harmful to children are put away &amp; locked</p>	1/10/25	

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<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>	<b>Expected Completion Date</b>
7	251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b> Description: Safety Emergency & Response Form was not completed or documented for the months of Aug-Jan.	<i>make sure records of fire/tornado drills are documented for each quarter.</i>	<i>1/10/25</i>
			<b>Verification Date</b>

**NAME - Agency Worker**  
 Tiarra Trammell

**DATE ISSUED**  
 1/8/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**  
*T. Trammell*

**DATE SIGNED**  
*1/10/25*