Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/15/2026		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
Sweet Honey Bees Learning Center	2000593562 / 001 - 2008562

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2844 N 41St St Milwaukee WI 532101810	414-394-7697	8/31/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Child Record Health History- not verified for Child #4.	The parent will be contacted and provided with form to complete and sign. The signed form will be obtained and placed in child's file immediately upon receipt. Moving forward, enrollment will not be considered complete until all forms are signed. A checklist will be used to verify	9-4-2026	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child Record Immunization History Compliance- not verified for Child #1, 2, & 4.	I will provide parent with information on how to obtain immunization record. Parent will be given access to a laptop to retrieve record. Record will be placed in child's file immediately. Moving forward this process will be completed during enrollment	9-4-2026	

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3	250.05(4)(b) **Emergency Back-Up Provider - Orientation** Description: Emergency Backup Provider Orientation- not verified for Staff B.	I will review the orientation requirements with the provider and ensure the completed orientation form is signed dated and placed in the providers file. Moving forward upon hiring I will ensure correct form is used.	9-4-2026	
4	250.07(6)(b)2. **Medical Log Book - Pages And Entries** Description: Medical logbook pages and entries- observed one of the two entries with. Space/ gap.	I will ensure that future medical book entries are on the next line available, No Skipping Lines. Spaces or gaps between entries. I will ensure that entries are clear and detailed moving forward for accuracy. I will be sure to use entire line no spaces.	9-2-2026	

NAME - Agency Worker
Tammy Saffold

Date Issued
9/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9-8-2026