

<b>Date Correction Plan Due</b> 3/15/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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)(l) 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> Lil Honey Bee		<b>Provider Number / Facility ID Number</b> 5000590425 / 001 - 2005471		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3209 N Achilles St Milwaukee WI 532122037		<b>Telephone Number</b> 414-875-8899	<b>Date - Regulation Visit</b> 2/27/2024	
	<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(2)(l)1.a. <b>Monitoring Results Posted</b>  Description: Monitoring results from previous visit not posted	I will post my results soon as I get them moving forward.	03-25-24	
2	250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: There is no triggers on file for Child #4 with non-food allergies.  Repeat violation: Previously cited on 12/4/2023	I had parent come into make corrections to child records. moving forward I will go over child record with parents.	03-25-24	

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Lil Honey Bee		5000590425 / 001 - 2005471		
Address - Facility (Street, City, State, Zip Code) 3209 N Achilles St Milwaukee WI 532122037		Telephone Number 414-875-6899	Date - Regulation Visit 2/27/2024	
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3	250.04(6)(a)2. <b>Child Record - Field Trip Permission</b>  Description: There was no field trip/other off-site activity participation permission on file for Child #1.  Repeat violation: Previously cited on 12/4/2023	Had parent come in to look over and make adjustments to child records moving forward I will look over child records with parents.	03-25-24	
4	250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b>  Description: Knife observed accessible in dishrack.  Repeat violation: Previously cited on 12/4/2023	Soon after I'm done washing dishes I will dry and put them away moving forward.	03-25-24	
5	250.06(9)(h) <b>Meals &amp; Snacks - Minimum Meal Requirements</b>  Description: Menus reviewed does not meet the usda minimum meal requirements.	I reviewed the requirements for USDA food meal & snacks requirements and moving forward I will serve only usda require meals and snacks.	03-25-24	
6	250.07(3)(e) <b>Trampolines &amp; Inflatable Bounce Surfaces</b>  Description: barrier restricting access to the trampoline in the outdoor playspace was not secure and had openings larger than 4 inches.	I fixed the out door area by the trampoline and secured the barrier moving forward I will continue to reinforce the barrier when needed.	03-25-24	

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**NAME - Agency Worker**  
Tameka Thompson

**Date Issued**  
3/1/2024

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

*Christine Davis*

**Date Signed**

03-05-24