

Date Correction Plan Due 6/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
June's Sweet Bees Childcare LLC		7000591317 / 001 - 2006488		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
W6965 Stetson Ave Dorchester WI 544259311		715-360-6007	6/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A had a CPR certificate on file from a non-approved CPR provider. Staff B did not have a CPR certificate on file.	Get New CPR Certificate on file	6/19/25	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff B did not have on file a child abuse and neglect training certificate.	Complete child abuse + neglect training Certificate	6/30/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff A and Staff B only completed 2 hours of continuing education in 2024.	Make sure to do all of continuing education for remainder of year.	12/31/25	
4	250.06(12)(a) On-Premises Swimming Pool - Use & Enclosure Description: Per observation, there is a part of the pool enclosure that is not 4 feet high.	Put the lattice on part that needs it.	6/30/25	
5	250.06(6)(b)1.a. Private Well - Annual Bacteria Test Description: There is no current bacteria test on file. Last test was completed in 12-2023.	Took test in on 6/18/25.	6/30/25	
6	250.06(6)(b)2.a. Private Well - Annual Nitrate Test Description: There is no current nitrate test on file. Last test was completed in 12-2023.	Took test in on 6/18/25.	6/30/25	

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Noncompliance Statement			

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
6/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Michelle Hoffman

Date Signed

6/18/25