Date Correction Plan Due 9/8/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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)(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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Honey Bee's Cdc		1000583481 / 002 - 2007192	
Address - Facility (Street, City, State, Zip Code) 3125 N 45Th St Milwaukee WI 532163301	**Telephone Number** 414-766-3005	**Date - Regulation Visit** 8/19/2026	
	Correction Plan	**Expected Completion Date**	**Verification Date**
1 **Rule/Statute Number Noncompliance Statement** 250.04(6)(a)1. **Child Record - Enrollment Information** Description: The enrollment forms were incomplete for children #1, #2, and #4.	Enrollment Forms have been updated. No blank spaces N/A was add where its not applicable. They will be reviewed in the future to prevent this from happening again.	9/1/2026	
2 **Rule/Statute Number Noncompliance Statement** 250.04(6)(a)1m. **Child Record - Health History** Description: The health history forms were incomplete for children #1 and #2.	Forms have been competed No blank spaces. If it does not apply N/A was added. All Forms will be reviewed in the future to make sure No blanks are on the Form.	9/1/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4.a. **Child Record - Physical Exam - Under 2** Description: The physical exam on file for child #1 was dated March 25, 2025. There was no updated health report on file for the child.	Parents were notified. I will stay updated on Files in the future. Last exam was now dated 6/23/26.	9/8/26	
4	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: There were no immunization records available for review for children #2 and #3.	Parents were notified to have forms completed. I will ensure all new enrollee's have Shot records on File. Child 3 Form have been Received Child 2 Form expected by → 9/15/26 or Can't Return	9/8/26	
5	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: At the time of arrival four children were present in care, only three were signed into the attendance form. Later five children were present in care and four were signed into the attendance form. A review of attendance records showed several instances where children were not signed out of care.	I will make sure that Parents or Provider sign the child in daily to prevent this from happening again. Start logging on day of ~~Question~~ Visit.	9/8/26	
6	250.05(2)(c) **Staff File - Days, Hours Worked** Description: A review of records showed that the provider did not document the hours where they provided care to children.	I will make sure to log my hours daily to prevent this from happening again. Started day of Inspection logging my hours.	9/1/26	

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7	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: The child abuse and neglect training on file for Staff A was dated July 17, 2024. No updated training was available for review.	Completed training on 9/5/2026. I will set a calendar reminder to renew class in the Future	9/5/2026	
8	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: Disinfectant wipes were accessible in the bathroom. Baby wipes were accessible in the dining room. A lit candle was present in the area where care is provided.	- Disinfectant wipes were removed will not be accessible Again - Baby wipes were removed during visit. Will keep Away From Kids - Lit candle removed and will not be used In Area Kids are.	8/19/2026 8/19/2026 8/19/2026	
9	250.06(3)(b) **Emergency Plans - Practice** Description: There was no documentation of fire drill conducted in June 2026 and July 2026. There was no documentation of tornado drills conducted April-July 2026.	Center is updated will set Calendar Reminder to Run drills For Both Fire and tornado in the Future. Drills Run on 8/31/26	8/31/26	
10	250.06(4)(a)3. **Smoke Detectors - Testing** Description: There was no documentation of the smoke detectors/ fire system being checked in June 2026 and July 2026.	Center is up to date for Aug and a Reminder will be set on calender to Remind monthly	8/31/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
11	250.06(9)(j) **Meals & Snacks - Records** Description: Records of meals served in the past three months were not available for review.	Center Resumed Record Keeping and Will Continue to Record All meals From here on out	Started Back 8/24	

NAME - Agency Worker
Deborah Kersting

Date Issued
8/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/7/25

PRO-LAB™

RADON ANALYSIS REPORT

1675 North Commerce Parkway, Weston, FL 33326 (954) 384-4446

TEST ID NUMBER: 1586709
DATE RECEIVED: 08/28/2026
REPORT DATE: 09/01/2026

MISSHIANA KIRKWOOD
3125 N 45th st
3125 N 45th St, WI 53216

TEST LOCATION
Misshiana Kirkwood
3125 N 45th st
53216
3125 N 45th St, WI 53216

This is a confidential report of the radon samples that were submitted to our laboratory for measurements of radon-222 levels. The results represent the amount of radon that was present in the air during the time of sampling. The radon is measured in our laboratory using the liquid scintillation method. This report will not be released to anyone without your permission except as required by individual state laws and guidelines.

HERE ARE YOUR TEST RESULTS

VIAL #	ROOM TESTED	DATE OPENED	DATE CAPPED	DATE ANALYZED	RADON LEVEL
5709488	BASEMENT FLOOR Basement	Aug 20, 2026 3:04 AM	Aug 23, 2026 6:35 AM	Aug 29, 2026 11:11 AM	0.5 pCi/L

THE EPA RECOMMENDS THAT YOU FIX YOUR HOME IF THE RADON LEVEL IS 4 PICOCURIES (PCI/L) OR HIGHER

Please read the EPA Citizen's Guide to Radon at www.epa.gov/radon/pubs/citguide.html. Residents of New Jersey should read "Radon Testing and Mitigation: The Basics" at http://njradon.org/download/mitbas.pdf. Radon levels less than 4 pCi/L still pose a risk. You may want to take additional measurements because radon levels can vary with the seasons. You may also want to consider doing a long term test to determine the average radon concentrations over a longer period of time. If the radon level is 4.0 pCi/L or higher you should perform either a long-term test or a second short-term test. If the radon level is higher than 8 pCi/L you should perform a second short-term test immediately. **If you would like to learn how to lower your radon levels, or have other questions, please contact your state radon office.**

LIMITATIONS OF DATA AND PRODUCT LIABILITY

PRO-LAB expressly disclaims any and all liability for any special, incidental, or consequential damages resulting directly or indirectly from the improper use of or improper interpretation of the radon product or its results. Any delays in receipt of the test sample by PRO-LAB shall be the sole responsibility of the purchaser and their legal remedy shall be limited to recourse with their chosen carrier. Additionally, PRO-LAB shall not be responsible for the improper placement of the test canister nor shall PRO-LAB be liable for results derived directly or indirectly from the improper placement of said test canister. PRO-LAB, its agents, its retailers, its distributors, and the manufacturers' sole liability are limited to the cost for the replacement of the test canister itself only.

Jose Figueroa

Jose Figueroa, RMS
NRPP CERT # 109347 RT
NRSB CERT # 18SS007

PRO-LAB NRSB # ARL0028
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James E McDonnell

James E. McDonnell IV

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov

SAFETY AND EMERGENCY RESPONSE DOCUMENTATION
GROUP CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 251.06(3)(b)4. and 251.06(4)(j) of the Wisconsin Administrative Codes.

Instructions: Child care center personnel shall enter the requested information when each item is completed. If your facility is equipped with a fire protection (sprinkler) system, attach signed fire protection maintenance records from a qualified monitoring agency.

Name – Group Child Care Center	Facility ID Number	Year
Honey Bee's CDC	2007192	2026

A. FIRE DETECTION / PREVENTION SYSTEM INSPECTION Fire alarms and smoke detectors shall be tested monthly. In the spaces provided below, enter the date, the time and the result of each monthly test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date	1/13/26	2/18/26	3/20/26	4/13/26	5/20/26			8/31/26				
Time	1112 A	130 P	1210 P	1015 P	1230 P			1233P				
Results	Pass	PASS	PASS	PASS	PASS			Pass				

B. EMERGENCY DRILL PRACTICE Fire drills shall be conducted every month; tornado drills shall be conducted monthly from April through October. In the spaces provided below, enter the date (mm/dd/yyyy) and time (hh:mm) of the drill in the Date & Time field, and add the number of minutes and seconds (mm:ss) it took to evacuate to the area designated in the center's written plan in the Drill Time field. **Note:** The recommended exit time is 2 minutes maximum.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire Drill	Date and Time	1/13/26 12P	2/18/26 130p	3/20/26 1210p	4/13/26 1020	5/20/26			8/31/26 846A				
	Drill Time	2min 35sec	1min 48sec	1min 54sec	1min 58sec	1min 57sec			1min 39sec				

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Tornado Drill	Date and Time								8/31/26 12P				
	Drill Time								2min 5sec				

C. FIRE EXTINGUISHER INSPECTION Each fire extinguisher on the premises of a center shall be inspected and tagged once a year by a qualified person.

Date of the annual inspection: _____

D. VEHICLE SAFETY ALARM INSPECTION All vehicles with a manufacturer's seating capacity of 6 or more passengers in addition to the driver that are used to transport children in care shall be equipped with a vehicle safety alarm. A licensee who is required to have a child safety alarm installed must ensure that the alarm is properly maintained and in good working order each time the child care vehicle is used for transporting children. In addition to the inspection by the driver, the department recommends that all vehicle safety alarms be tested monthly by the licensee. In the spaces provided below, enter the date, time, and results of the test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												

Zaiya Mattox

CERTIFICATE OF COMPLETION

This certifies that

Misshiana Kirkwood

has successfully completed

Mandated Reporter Online Training

9/5/2026

WCWPDS