

Date Correction Plan Due 1/3/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(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 Honey's Lil Pots Of Love		Provider Number / Facility ID Number 6000591216 / 001 - 2006385		
Address - Facility (Street, City, State, Zip Code) 6065 N 36Th St Milwaukee WI 532093605		Telephone Number 414-232-9732	Date - Regulation Visit 12/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.d. Child Record - Enrollment Information - Parent Contact Info Description: Child 1 was missing parent contact information for employment or location while child is in care.	All information was corrected. Moving foward,files will be maintained correctly.	12/30/2024	
2	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Incomplete emergency contact information was available for Child 1.	All is corrected and I will stay on top of all forms.	12/30/2024	

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6065 N 36Th St Milwaukee WI 532093605		414-232-9732	12/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)1.g Child Record - Enrollment Information - Authorized Pickup Description: Child 1 had incomplete authorized persons available for review.	Moving foward files will be updated and corrected.	12/30/2024	
4	250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Child 1 had an incomplete health history form available for review. Child was listed as having a medical condition, but the symptoms and steps on the second page were not completed.	All corrections were made via parent. Moving forward,incompletes will be completed from here on.	12/30/2024	
5	250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Medication authorization on file for child with Asthma does not have a to and from date listed as required.	All corrections on medication forms are done. And moving foward no more mistakes will be made	12/30/2024	

12/30
/2024

NAME - Agency Worker
Mindi Sabljak

Date Issued
12/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12/30/2024

