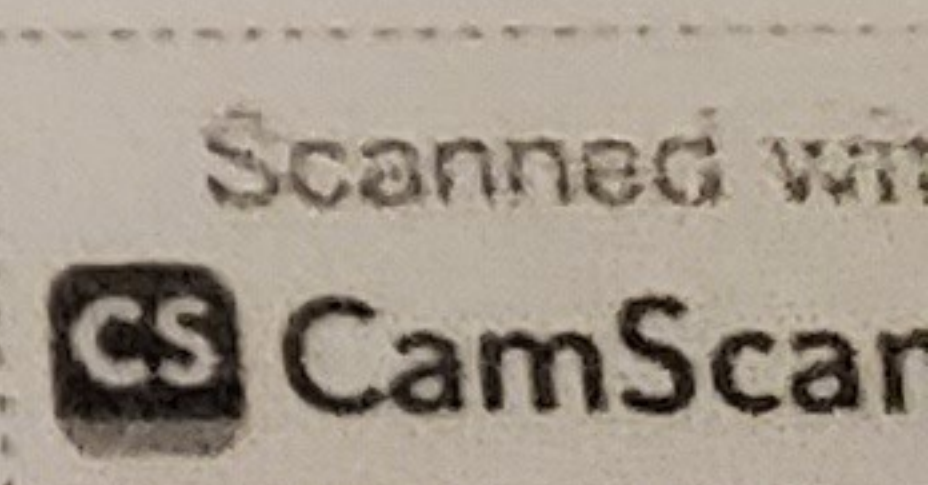


Date Correction Plan Due 5/21/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 Barb's Tiny Angels		Provider Number / Facility ID Number 5000588125 / 001 - 2001753	
Address - Facility (Street, City, State, Zip Code) 2125 Norfield Rd Suamico WI 541738458		Telephone Number 920-609-0685	Date - Regulation Visit 5/7/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(2)(i)1.a. Monitoring Results Posted Description: Based on observations on 5/7/26, the last monitoring results were not posted.	It was on my phone but not hanging. Correct by placing by license on the wall	Done	
2 250.05(3)(tm) Biennial Training - Child Abuse & Neglect Description: Based on record review on 5/7/26, staff A did not have a current child abuse and neglect training. Repeat violation: Previously cited on 6/13/2025	Was done and documented but no physical proof so re-did it on the day visited - sent proof but cited anyway.	Done	



INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE
NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

Name - Certified Operator / Licensed Center Barb's Tiny Angels		Provider Number / Facility ID Number 5000588125 / 001 - 2001753	
Address - Facility (Street, City, State, Zip Code) 2125 Norfield Rd Suamico WI 541738458		Telephone Number 920-609-0685	Date - Regulation Visit 5/7/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(3)(b) Emergency Plans - Practice Description: Based on record review on 5/7/26, there were no documentation of emergency plan practice from January 2026 to April 2026.	Do a new practice sheet.	Done	

NAME - Agency Worker
Dao Xiong

Date Issued
5/7/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Barb Waslow

Date Signed

5/9/2026

DCF-F-CFS0294-E (R.06/2011)

