

Date Correction Plan Due
9/27/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

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
Flying Angel's Child Care

Provider Number / Facility ID Number
3000586093 / 002 - 2006042

Address - Facility (Street, City, State, Zip Code)
1436 Elm St Green Bay WI 543021850

Telephone Number
920-489-2738

Date - Regulation Visit
9/4/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(3)(e)	<p>Report - Convictions, Pending Charges, Other Offenses</p> <p>Description: The licensee failed to report pending charges to the department within 24 hours.</p>	<p>Call as soon as I'm notified of any pending charges or anything that I need to report</p>	9/4/2024	
250.04(6)(b)	<p>Current, Accurate Daily Attendance Record</p> <p>Description: The licensee failed to maintain current and accurate written record of daily attendance. One child was not signed into care since July 5, 2024. The licensee failed to keep records for the length of time children are enrolled when she was unable to produce 13 weeks of attendance between the months of April 1, 2024 - August 31, 2024.</p>	<p>I will make sure all attendance are signed in and out every day that I'm open. I wasn't open July 5th 2024th</p>	9/4/2024	

Flying Angel's Child Care

Address - Facility (Street, City, State, Zip Code)
1436 Elm St Green Bay WI 543021850

Telephone Number
920-489-2738

Date - Registration
9/4/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(2)(c) Staff File - Days, Hours Worked Description: The licensee was not documenting the actual hours a 2nd provider worked. The licensee was putting the start and end times of the operating hours for each day instead of the actual hours worked. Repeat violation: Previously cited on 2/13/2023	I will make sure I put in the actual hours. On 2/13/23 I was violated for not signing her in. I was confused about the actual time.	9/4/24	
4 250.055(2)(a) Maximum Number Of Children In Care Of The Center Description: The provider exceeded 8 children in care on 7/16/24, 8/1/24 and 8/7/24.	Going to always double check the days & Times.	9/4/24	
5 250.055(2)(b) Maximum Number Of Children In Care Of The Provider Description: The provider was exceeding the maximum number of children one provider may care for approximately 13 days from July 5, 2024 to present.	Going to always double check the days & Times.	9/4/24	

NAME - Agency Worker
Jill Kellner

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten Signature]

Date Issued
9/13/2024

Date Signed
9/16/24

RE CENTERS

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2024 JULY 31st

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