

Date Correction Plan Due 2/4/2025	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 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 1/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)4.c. Child Record - Physical Exam - 5 And Older Description: one child did not have a current (updated once every 2 years) physical form on file - see checklist.	mother has appointment Coming up.	03/12/2025
2	250.05(3)(d) Provider Training - Additional Required Provider Description: The second provider did not meet the training requirements within 6 months of beginning work with the children in care.	Have to retake it and she have a class for Skills and Strategies on 02/19/2025	03/05/2025

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Two intake forms were not completed nor were they signed. Repeat violation: Previously cited on 5/15/2024	Completed	01/16/2025

NAME - Agency Worker
Jill Kellner

Date Issued
1/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jenna Jan

Date Signed

02/10/2025