

<b>Date Correction Plan Due</b> 11/21/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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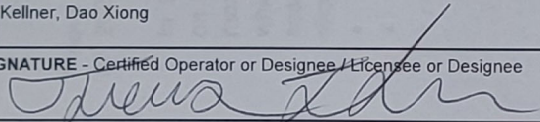
**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Flying Angel's Child Care		3000586093 / 002 - 2006042		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
1436 Elm St Green Bay WI 543021850		920-489-2738	10/31/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: Out of 8 records checked - Two children were missing their start dates on their enrollment form, 2 were missing their emergency consent on the enrollment form, and 2 were missing their physician contact info and emergency treatment consent - see checklist.	<i>Start Date was Corrected. Physicians in folder</i>		
2	250.04(6)(a)4.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Out of 8 records checked - One child, #8 did not have a current (once every 6 months) physical in his file - see checklist.  Repeat violation: Previously cited on 6/17/2025, 5/15/2024	<i>Physical was in Folder</i>	<i>11/07/2025</i>	

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1436 Elm St Green Bay WI 543021850		920-489-2738	10/31/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Out of 8 records checked - Two children, #1 & 2, did not have a current updated (once every 2 years) physical in their file - see checklist.  Repeat violation: Previously cited on 10/28/2024, 5/15/2024	1 of the kids didnt not attend my child care any more. wrong address was looked at		
4	250.06(2)(b) <b>Access To Potentially Dangerous Items</b>  Description: There was a tube of toothpaste, a can of air freshener, and a spray bottle that was accessible to the children in the bathroom.  Corrected during visit	The toothpaste my son had just used right before licensed came and it was corrected right then and there same with air freshener wasnt no spray bottle corrected next day	10/31/2025	
5	250.06(2)(k) <b>Deteriorating Or Toxic Paint</b>  Description: There was chipping paint in the living room by the bedroom door that needs to be repaired.	Corrected next day	11/0/2025	
6	250.07(3)(c) <b>Amount Of Indoor Play Equipment</b>  Description: The provider had a lack of developmentally appropriate activities at the center.	was currently having a Halloween Party and I stated that when license came		

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7	250.07(6)(b)2. <b>Medical Log Book - Pages And Entries</b>  Description: One page in the medical logbook was torn out and needs to be repaired.	was taped back in	10/31/2025	

<b>NAME - Agency Worker</b> Jill Kellner, Dao Xiong	<b>Date Issued</b> 11/7/2025
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 11/14/2025