STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/12/2026		920-765-7811

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 [illegible]. 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	Provider Number / Facility ID Number
Flying Angel's Child Care	3000586093 / 002 - 2006042

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1436 Elm St Green Bay WI 543021850	920-301-3166	10/29/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Based on record review on 10/29/26 according to the Child Record Checklist Child 2, 3, 4, 5, 6, and 7 failed to have a health report on file. Repeat violation: Previously cited on 10/31/2025	Contacted Parents, and gave them 30 days to get them in.	11/29/26	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Based on record review on 10/29/26 according to the Child Record Checklist Child 2, 3, 4, 5, 6 and 7 failed to have immunizations on file.	Contacted Parents and gave them 30 days to get them in.	11/29/26	

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1436 Elm St Green Bay WI 543021850	920-301-3186	10/29/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(2)(f) **Staff File - Continuing Education** Description: Based on record review on 10/29/26 according to the Staff Record Checklist Staff Member A and B failed to have any documentation of 2025 continuing education hours.	100King for documents But will have them Updated	11/20/26	
4	250.05(2)(a) **Electrical Or Hot Surface Protection** Description: Based on observation of the indoor play space on 10/29/26 three outlets failed to have outlet covers these outlets were accessible to children. This was corrected during the visit.	Corrected	10/29/26	
5	250.07(3)(c) **Amount Of Indoor Play Equipment** Description: Based on observation of the indoor play space on 10/29/26 the center failed to provide enough materials to allow each child a choice of at least 3 activities involving equipment when all children are involved in using equipment. The center failed to have dramatic play equipment, and cultural diversity items accessible to children. Repeat violation: Previously cited on 10/31/2025	Corrected	11/6/26	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Cassandra Debauche, Catherine Christopherson

Date Issued
10/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/16/26