DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/6/2026		262-446-7600

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 202.085, DCF 360.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(f). 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. 48.69. 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
Sonya's Little Guardian Angels	7000592497 / 001 - 2007645
Address - Facility (Street, City, State, Zip Code) 7513 W Sheridan Ave Milwaukee WI 532182737	**Telephone Number** 414-870-6323 / **Date - Regulation Visit** 10/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. **Child Record - Enrollment Information** Description: There was no enrollment form for child #6. The enrollment forms for child #1 and #2 did not include an emergency contact.	Look over file more closely	10/26/26	10/26/26
2	250.04(6)(a)1m. **Child Record - Health History** Description: There was no health history form on file for child #6. The health history form for child #1 was incomplete and was not signed and dated.	Check all files and I made my child file.	10/26/26	10/26/26

Name - Certified Operator / Licensed Center			
Sonya's Little Guardian Angels			
Address - Facility (Street, City, State, Zip Code)		Provider Number / Facility ID Number	
7513 W Sheridan Ave Milwaukee WI 532182707	Telephone Number 414-870-6323	7000592497 / 001 - 2007945	
		Date - Regulation Visit 10/22/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4m **Child Record - Immunization History Compliance** Description: There were no immunization records on file for children #1, #2, and #3.	Go over licensing rules again. I thought after 6 records wasn't needed.	10/26/26	10/26/26
4	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: A review of attendance records showed that two children were not signed out of care on October 20, 2026.	Make sure to sign out check after each kid.	10/26/26	10/26/26
5	250.05(3)(e)2 **Provider Training - Current Cpr Certificate** Description: The CPR certificate on file for Staff A was not issued by an agency approved by the department.	I have approved agency department list.	10/26/26	10/26/26
6	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: The Child Abuse and Neglect training on file for Staff A was dated September 16, 2024. There was no documentation of updated training available for review.	Remember to update every 2 years.	10/26/26	10/26/26

Name - Certified Operator - Licensed Center

Sonya's Little Guardian Angels

Provider Number - Facility ID Number

[illegible]

Address - Facility (Street, City, State, Zip Code)

7513 W Sheridan Ave Milwaukee WI 53218-2707

Telephone Number

414-870-6323

Date - Registration Visit

10/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	250.08(4)(c)1 **Continuing Education - Requirement & Training Topics** Description: Staff A did not completed 11 hours of continuing education from March 2025 - March 2026. Providers are required to complete 15 hours of continuing education annually.	I thought it was 10 hours but its 15 hours but I got it now.	10/26/26	10/26/26
8	250.08(11)(b)4 **Outdoor Play Space - Enclosure** Description: One of the fence posts used to hold up plastic mesh fencing was loose and leaning making the fences height less than 4 feet.	Post fixed & soiled	10/26/26	10/26/26
9	250.07(6)(f)1.a **Medication Administration - Parent Authorization** Description: There was no medication administration authorization form on file for the two medications kept at the center.	I received the form from parent.	10/26/26	10/26/26
10	250.08(2) **Permission And Emergency Information** Description: The transportation permission forms for children #1, #2 and #4 were incomplete.	I will have them fill out but they get transported by parents.	10/26/26	10/26/26

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sonya's Little Guardian Angels		700059248T / 001 - 2007645	
Address - Facility (Street, City, State, Zip Code) 7813 W Sheridan Ave Milwaukee WI 532182707	Telephone Number 414-870-6323	Date - Regulation Visit 10/23/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
11 250.08(4)(c)1. **Driver Record - Obtain & Review** Description: There was no current driving record available for review for Staff A	Get driving record yearly	10/26/25	10/26/25

NAME - Agency Worker
Deborah Kersting

Date Issued
10/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Ashley Winters

Date Signed
10/26/25

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