

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
8/22/2025

TO FILE A COMPLAINT CALL
262-446-7800

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)(M), 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 Mini Miracles Learning Center Lic 2
Provider Number / Facility ID Number 5000586995 / 002 - 2002745

Address - Facility (Street, City, State, Zip Code) 2707 N 54Th St Milwaukee WI 532102331
Telephone Number 414-336-4850
Date - Regulation Visit 8/5/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)6. Child Record - Health History</p> <p>Description: The health history information on file for Child 2 is incomplete. The health history and emergency care plan has a box checked stating <input type="checkbox"/> no specific medical condition. <input type="checkbox"/> Per review of additional documents (child physical exam), Child 3 has a food allergy. Questions #2-#8 on the health history and emergency care plan have not been answered.</p> <p>Repeat violation: Previously cited on 8/8/2023</p>	<p><i>Closely review Health history when completed by Parent.</i></p>	<p><i>9/20/25</i></p>	
<p>2 251.05(2)(a)5. Staff Record - High School Diploma</p> <p>Description: Staff C does not have documentation of a high school diploma or its equivalent at the time of the monitoring visit.</p>	<p><i>Complete all staff documents upon hire.</i></p>	<p><i>9/20/25</i></p>	

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<p>3</p> <p>251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Staff hours do not accurately reflect days and hours worked and in which classroom when staff is included in the staff-to-child ratio.</p> <p>Repeat violation: Previously cited on 7/16/2024, 8/8/2023</p>	Update tracking sheets to include staff sign in time & time out.	9/2/25	
<p>4</p> <p>251.05(3)(g)3.a. Meal Prep Personnel - Training</p> <p>Description: Staff A, identified as the meal prep personnel, does not have documentation of completing the annual one hour training in kitchen sanitation, food handling, and nutrition.</p>	Complete annual food service training before expire.	9/30/25	
<p>5</p> <p>251.06(11)(b)7. Outdoor Play Space - Enclosure</p> <p>Description: In the outdoor play space, several areas near the bottom of the fence had a gap greater than 4 inches.</p>	Correct gate/Fence Post construction.	9/30/25	
<p>6</p> <p>251.06(2)(p)1.b. Radon - Testing, Current Providers</p> <p>Description: A test for radon gas levels was not conducted by 9/1/23.</p>	Obtain & complete Radon testing.	9/30/25	

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<p>7</p> <p>251.07(6)(1).a. Medication Administration - Parent Authorization</p> <p>Description: A medication authorization observed on the premise does not include a begin and end date on the form.</p>	<p>Obtain OTC instructions when parent provide Pharmacy document. NOT on Bottle/box</p>	<p>9/2/25</p>	
<p>8</p> <p>251.07(6)(6). Cleaning & Protecting Superficial Wounds</p> <p>Description: A medical log entry, dated 7/17/25, noted soap, water, vasoline and a band-aid was administered to a child who received a cut while in care. Superficial wounds shall be cleaned with soap and water only.</p>	<p>Staff educated on proper care for child injuries</p>		
<p>9</p> <p>251.08(4)(b) Driver Orientation - Requirement</p> <p>Description: Staff F, identified as the driver, does not have the annual driver training completed and on file. The most recent training was completed on 7/22/24. Repeat violation: Previously cited on 8/8/2023</p>	<p>Obtain driving record before expire.</p>		

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8/5/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

10 251.08(4)(c)1.

Driver Record - Obtain & Review

Description: Staff F. identified as the driver, does not have documentation of a current annual driving record. The driving record on file expired on 7/22/25.

Obtain/complete driver orientation before expire. Correct on inspection.

8/7/25

11 251.08(5)(b)

Vehicle Inspection Report

Description: An annual vehicle inspection has not been completed; the last inspection was completed on 7/27/24. **This was verified as corrected via email on 8/5/25**

Obtain inspection before expiration date. Corrected on inspection via Email

8/7/25

NAME - Agency Worker
Kristin Lange, Sara Cooney

Date Issued
8/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sara Cooney

Date Signed

8/22/25

2903 ROBERSON BERTHA
 Serial No. Last Name First Name Middle Name
 JUN 16 1977
 Graduated Course

No. of Credits 20 No. of Failures 2 Scholarship Average 2.290 Rank In Class 57 No. In Class 220

SCH NO 48	ROBERSON, BERTHA	gr. credit
CRSE #	COURSE	
403A	PHY ED 1Y	C .50
603L	HOMR EC	C 1.00
901F	READING	D 1.00
931F	NATRE	G 1.00
952F	SCIENCE	C .50
962F	SOC STUD	B 1.00
UN 5.00		6/74

SCH NO 20	ROBERSON, BERTHA	HM-RM 0216	GR. UNIT
CRSE #	COURSE		
4231	PHY ED 6	U	1.00
6051	HOMR EC	C	1.00
9151	MATH 5&6	B	1.00
9341	BIO SCI 7&8	B	1.00
9561	VDCA 1&2	B	1.00
9721			
UN 5.00	GR PT 2.364		6-75

SCH NO 20	ROBERSON, BERTHA	HM-RM 0118	GR. UNIT
CRSE #	COURSE		
4221	PHY ED 6 2MW	U	.50
4281	CHARM-FIGRMW	B	1.00
9051	PRE DR	B	1.00
9131	ENG 3	B	1.00
9431	MAT H 3	B	1.00
9751	US HIST	B	1.00
UN 4.50	GR PT 2.500		6-76

SCH NO 20	ROBERSON, BERTHA	HM-RM 0118	GR. UNIT
CRSE #	COURSE		
4221	PHY ED 2	MW	.50
4611	ART FOUND	D	1.00
6155	CLO/TEXT CA	C	.50
6165	FDS/NUT CA	C	.50
6204	CLOTH-TEXT	C	.50
6254	FDS & NUTR	C	.50
9144	CONSUN ENG	D	1.00
9421	VDCA MATH	D	1.00
UN 5.50	GR PT 2.000		6-77

SCH NO 020 SUM SCH 01
 ROBERSON BERTHA 7791
 CRSE # COURSE GR. UNIT
 660C PERS TYPE ND SHQ1

6-77

Driver Training Checklist – Child Care Centers

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(9)(e), 250.08(4)(b), 251.08(4)(b), and 252.09(4)(b) of the Wisconsin Administrative Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Before a driver first transports children, and annually thereafter, the licensee/operator shall provide the driver with a training and that training shall be documented. Review each topic listed below and initial and date the spaces that correspond to each policy or procedure. Asterisked (*) items are not required for certified child care centers under DCF 202.08(9)(e). Place the completed form in the staff record for review by the licensing/certification representative.

Name – Staff Person (Last, First, MI) David R. Allen	Position Title Driver	Start Date (mm/dd/yyyy)
Name – Trainer Keana Allen	Position Title Administrator	11/2016

Policy / Procedure	Staff		Trainer	
	Initials	Date	Initials	Date
The procedure for ensuring that all children are properly restrained in the appropriate child safety seat.	D.A.	8/5/25	KA	8/5/25
The procedure for loading, unloading, and tracking of children being transported.	D.A.	8/5/25	KA	8/5/25
The procedure for evacuating children from a vehicle in an emergency.	D.A.	8/5/25	KA	8/5/25
Behavior management techniques for use with children being transported.	D.A.	8/5/25	KA	8/5/25
A review of applicable statutes and rules affecting transportation of children.	D.A.	8/5/25	KA	8/5/25
*A review of applicable center policies.	D.A.	8/5/25	KA	8/5/25
First aid procedures.	D.A.	8/5/25	KA	8/5/25
A review of child abuse and neglect laws and center reporting procedures.	D.A.	8/5/25	KA	8/5/25
Information on any special needs a child being transported may have and the plan for how those needs will be met.	D.A.	8/5/25	KA	8/5/25
A review of the use of the vehicle alarm, if applicable.	D.A.	8/5/25	KA	8/5/25
*Any other job responsibilities as determined by the licensee.	D.A.	8/5/25	KA	8/5/25

Asterisked (*) items are not required topics for certified child care centers under DCF 202.08(9)(e).

VEHICLE SAFETY INSPECTION – CHILD CARE CENTERS

Use of form: Use of this form is mandatory to comply with the child care licensing rules DCF 250.08(5)(b), DCF 251.08(5)(b), and DCF 252.09(5)(b). Failure to comply may result in issuance of a noncompliance statement.

Instructions: At 12-month intervals, the licensee shall provide this form to the garage, dealership, or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Facility Name <i>Mini Miracles</i>				Program Type <input type="checkbox"/> Day Camp <input type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Group Child Care	
Vehicle Year <i>2007</i>	Make <i>Chevy</i>	Model <i>Express 3500</i>	Color <i>White</i>	Odometer Reading	License Plate Number <i>419-XGR</i>
Name of Inspecting Company or Agency <i>Jerry's AUTO</i>			Name of Inspector <i>JOE</i>		Telephone Number <i>414-445-2744</i>
Address of Inspecting Company or Agency <i>3111 N 35th</i>			City <i>MILWAUKEE</i>	State <i>WI</i>	Zip Code <i>53216</i>

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
SAFETY FEATURES			BRAKES		
1. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Brake lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Windows / windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXHAUST SYSTEM		
8. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Child care vehicle safety alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WIPERS / WIPER BLADES			TIRES – FRONT LEFT		
11. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STEERING			TIRES – FRONT RIGHT		
14. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES – REAR LEFT		
SUSPENSION			36. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES – REAR RIGHT		
21. Modifications	<input type="checkbox"/>	<input type="checkbox"/>	39. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			40. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			41. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Brief Comments – Refer to Item Number

SIGNATURE – Inspector <i>Joseph Bakota</i>	Date – Inspection <i>8-5-25</i>
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Wisconsin Department of Transportation
wisconsin.dmv.gov

Division of Motor Vehicles
4822 Madison Yards Way
Madison, WI 53707

This driver record abstract was created on 08/05/2025 at 01:05:59 PM by Own Record Request. The information is current as of this date and time.

Driver ID : A450-5137-3837-01 Sex : FEMALE DOB : 09-17-1973
Customer# : 33566931185 LPC : U.S. CITIZEN Age : 51
Hair : BROWN Eyes : BROWN Height : 5'06
Weight : 159 Org Donor: N Opt Out: Y

KEANA MONEE ALLEN
2809 VIKING DR # 207
GREEN BAY, WI 54304 6006

Updated By : DMV
Updated On : 06-05-2023
County : BROWN

Additional Customer Information

Other Known Names:
KEANA M HAMPTON
Sex: FEMALE DOB: 09-17-1973
KEANA M HAMPTON-ALLEN
Sex: FEMALE DOB: 09-17-1973

Regular License

Product : 12847993303
Issued : 06-05-2023
Expires : 09-17-2031
App Type : RENEWAL
Class : D
Status : VAL
Restrictions : Corr Lenses

Violation : 10-30-2022 GUILTY
Conviction : 12-15-2022 Points : 04
Reason : SI-SPEEDING INTERMEDIATE (11-19 OVER) POSTED 070 OVER 015
Operation : CLASS D
Court Name : BROWN COUNTY CIRCUIT COURT
Court Case : 2022TR008466
UTC Number : BI916736-2
ACD Code : S92
Statute : 346.57(4)

KEANA MONEE ALLEN

The Early Education Station



Thank you. Your order has been received.

ORDER NUMBER:
1125553

DATE:
September 3, 2025

TOTAL:
\$40.00

PAYMENT METHOD:
Credit Card

Order details

Product	Total
DCF 251 - Licensing Rules for Group Child Care Centers × 1	\$10.00
Food Service Orientation and Training - Annual Training for Food Service Staff - 4 hrs × 1	\$30.00
Subtotal:	\$40.00
Shipping:	Free shipping
Total:	\$40.00
Payment method:	Credit Card

Billing address

Keana Allen
 Mini Miracles Learning Center LLC
 2619 N 58th St
 Milwaukee, WI 53210
 📞 4143364850
 ✉ minimiracle40@gmail.com

Shipping address

Keana Allen
 Mini Miracles Learning Center LLC
 2619 N 58th St
 Milwaukee, WI 53210

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY
CC/MARIA LARA

POLICY NUMBER
04009073

CARRIER
Artisan and Truckers Casualty Company

NAIC CODE
10194

NAMED INSURED
MINI MIRACLES LEARNING CENTER LLC
2707 N 54TH ST
MILWAUKEE, WI 53210-0000

EFFECTIVE DATE: 09/04/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Uninsured Motorist Bodily Injury	\$250,000/\$500,000
Underinsured Motorist Bodily Injury	\$250,000/\$500,000

Description of Location/Vehicles/Special Items

Scheduled autos only	
2007 CHEVROLET EXPRESS G3500 1GAHG35U571146113	
Collision	\$500 Ded
Comprehensive	\$500 Ded
Medical Payments	\$10,000 each person