

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due** 12/25/2024 **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)(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

Provider Number / Facility ID Number

Mini Miracles Child Care

1000584481 / 001 - 2001024

Address - Facility (Street, City, State, Zip Code)  
3525 19Th Ave Kenosha WI 531402313

Telephone Number  
262-652-7995

Date - Regulation Visit  
12/11/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>250.04(6)(a)1. Child Record - Enrollment Information</p> <p>Description: Documentation of complete contact information for a parent was not observed for 2 children. Documentation of a person authorized was not observed for a child and not complete for another child. Documentation of an emergency contact was not observed for 2 children and was incomplete for another child.</p>	<p><i>Parent updated Child record with current info mother.</i></p>	<p><i>12-14-24</i></p>	
<p>2</p> <p>250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms</p> <p>Description: Documentation of signs, symptoms and action to be taken was not observed for a child with asthma.</p>	<p><i>Child record updated.</i></p>	<p><i>12-14-24</i></p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(2)(c) Access To Materials Potentially Harmful To Children Description: A container of Round Up was outside the entrance to the center.	Round up was removed.	12/11/24	

NAME - Agency Worker  
Colleen Hanser

Date Issued  
12/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Starrina Jones*

Date Signed

12-19-24