

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**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)(f) 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**

Mini Miracles Child Care

**Provider Number / Facility ID Number**

1000584481 / 001 - 2001024

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

**Telephone Number**  
262-652-7995

**Date - Regulation Visit**  
2/12/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 250.04(6)(a)1. <b>Child Record - Enrollment Information</b> Description: Documentation of complete contact information for a parent was not observed for a child. Repeat violation: Previously cited on 12/11/2024</p>	<p>Child document updated.</p>	<p>2-19-26</p>	
<p>2 250.05(2)(a) <b>Staff File - Staff Record Form</b> Description: Documentation of staff record information for a driver was not observed.</p>	<p>DMV sent over my driving record on 2/10/26. Emailed to Colleen. File updated.</p>	<p>2-10-26</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.07(6)(b)3.c. <b>Medical Log Book - Medication Dispensed</b> Description: Documentation for medication given to a child was not being done in the medical log book.	NEEDS NOW BEING documented in medical log book.	2-13-26	
4 250.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b> Description: Parent authorization for a medication did not include start and end dates.	New parent auth filled out with start and end dates	2-12-26	
5 250.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b> Description: A labeled on a prescription bottle of medication was blank with no information.	Parent has provided new prescription bottle	2-17-26	
6 250.07(6)(f)5. <b>Current Authorizations For Medications On Premises</b> Description: A medication was observed without an authorization.	Parent filled out new auth form for meds	2-17-26	

NAME - Agency Worker  
Colleen Hanser

Date Issued  
2/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

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



2-18-26