

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
5/23/2024

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

Miracles Safe Haven Development II LLC

2000570682 / 003 - 1015141

Address - Facility (Street, City, State, Zip Code)  
5117 N 32Nd St Milwaukee WI 532095429

Telephone Number  
414-438-7233

Date - Regulation Visit  
4/30/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.05(3)(g)3.a. <b>Meal Prep Personnel - Training</b></p> <p>Description: Staff member preparing meals and snacks does not have the required 1 hour annual training in nutrition, kitchen sanitation and food handling.</p>	<p>All staff has completed one hour of annual training and will continue to engage in training annually.</p> <p>More books were ordered and placed in the classroom.</p> <p>Amazon receipt has been attached.</p>	<p>5-1-24</p>	
<p>2</p> <p>251.07(3)(b)2. <b>Equipment - Quantity For Indoors</b></p> <p>Description: Not enough books in the infant/toddler classroom for all the children in care.</p>		<p>5-9-24</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.07(5)(a)5.b. Menus - Plan Description: Menus are not dated.	Menus were reprinted with the date and we will ensure that they are dated moving forward.	5-1-24	

NAME - Agency Worker  
Charlene Langsdorf

Date Issued  
5/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5-14-24