

Date Correction Plan Due
4/20/2026

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

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
4/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)1. Child Record - Enrollment Information Description: Documentation of complete enrollment information that included the full names of the child's parents was not observed for Child 1. Repeat violation: Previously cited on 4/30/2025	Dad name was included on child 1 Form. Moving forward I will make sure both Parents are listed on all forms.	4-6-2026	
2 251.04(6)(a)4. Child Record - Field Trip Authorization Description: Documentation of authorization from the parent for the child to participate in walking and transported trips was not observed for Child 2.	Child 2 parent updated the form. I will make sure parents mark the form correctly	4-6-2026	

Name - Certified Operator / Licensed Center

Miracles Safe Haven Development II LLC

Provider Number / Facility ID Number

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
4/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3</p> <p>251.04(6)(a)8.d. Child Record - Health Exam Report</p> <p>Description: Documentation of a health report that was signed and dated by a licensed physician was observed for Child 4 but on the form, there was white-out over the original stamped physician signature and date, which was replaced by a stamp from a different clinic and physician.</p> <p>Repeat violation: Previously cited on 4/30/2025</p>	<p>Child 4 has been suspended until his child health report is updated.</p>	<p>4-13-2026</p>	
<p>4</p> <p>251.055(1)(b) Supervision - Teacher Per Group Of Children</p> <p>Description: Per observation, there was no child care teacher to supervise a group of children when staff was in the kitchen preparing snack during the monitoring visit.</p>	<p>Currently in hiring process to make sure an assistant will be present. Miss me-me will prepare lunch until</p>	<p>8-1-2026</p>	
<p>5</p> <p>251.06(2)(d) Access To Materials Potentially Harmful To Children</p> <p>Description: There was deodorant on a table in the school-age classroom where children were being cared for and was accessible to the children.</p> <p>Repeat violation: Previously cited on 4/30/2025</p>	<p>All personal items will be placed in locked office,</p>	<p>4-6-2026</p>	

Name - Certified Operator / Licensed Center
 Miracles Safe Haven Development II Llc
 Address - Facility (Street, City, State, Zip Code)
 5117 N 32ND St Milwaukee WI 532095429
 Telephone Number
 414-438-7233
 Provider Number / Facility ID Number
 2000570682 / 003 - 1015141
 Date - Regulation Visit
 4/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6 251.06(3)(b)2. Emergencies - Practice Written Plans Description: Documentation that practice of the monthly fire evacuation emergency plan was not observed for March 2026.	Calendar and alarms have been set to ensure documentation is updated each month	4-13-26	
7 251.06(4)(m)2. Fire Alarms & Smoke Detectors - Testing Description: Documentation that the fire detection and prevention systems were inspected in March 2026 was not observed.	Calendar and alarms have been set to ensure documentation is updated each month.	4-13-26	

NAME - Agency Worker
 Tisha Harrell, Crescenta Sabree

Date Issued
 4/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
 4-17-26