

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
1/28/2025

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
Divine New Beginnings
Provider Number / Facility ID Number
3000591463 / 001

Address - Facility (Street, City, State, Zip Code)
4300 Myrtle Ct B Racine WI 534029611
Telephone Number
262-417-5164

Rule/Statute Number
Noncompliance Statement

1 202.08(2)(am)1.
A One-Unit Or Two-Unit Residential Building Shall Have A Functional Carbon Monoxide Detector Installed In The Basement And On Each Level Of The Building, Excluding The Garage And Attic, In Accordance With The Requirements Of S. 101.647, Stats.

Description: The 2nd floor needs a carbon monoxide detector installed.

Correction Plan
Order carbon monoxide detector and install.

Expected Completion Date
1/14/2025

Verification Date

2 202.08(2)(ar)
The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.

Description: The 2nd floor needs a smoke detector installed.

Correction Plan
Smoke detectors are installed on 2nd floor.

Name - Certified Operator / Licensed Center Divine New Beginnings		Provider Number / Facility ID Number 3000591463 / 001	
Address - Facility (Street, City, State, Zip Code) 4300 Myrtle Ct B Racine WI 534029611		Telephone Number 262-417-5164	Date - Regulation Visit 1/14/2025
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
3	202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children. Description: Cords accessible to children next to the TV as well as a Christmas tree with cords and potentially dangerous ornaments.	<i>- Tree is down. - on new cord digitized and wide behind TV stand.</i>	<i>1/16/25</i>
		Verification Date	

NAME - Agency Worker
 Semaja McClain, Yovanka Vazquez
DATE ISSUED
 1/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DATE SIGNED
