

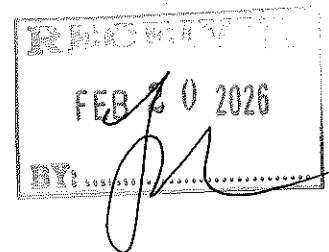
<b>Date Correction Plan Due</b> 3/3/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) 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.

<b>Name - Certified Operator / Licensed Center</b> Divine New Beginnings		<b>Provider Number / Facility ID Number</b> 3000591463 / 001			
<b>Address - Facility (Street, City, State, Zip Code)</b> 4300 Myrtle Ct B Racine WI 534029611		<b>Telephone Number</b> 262-417-5164	<b>Date - Regulation Visit</b> 2/17/2026		
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<table border="1"> <tr> <td data-bbox="1507 649 1747 738"> <b>Expected Completion Date</b> </td> <td data-bbox="1747 649 1953 738"> <b>Verification Date</b> </td> </tr> </table>	<b>Expected Completion Date</b>	<b>Verification Date</b>
<b>Expected Completion Date</b>	<b>Verification Date</b>				
1	<p>202.08(12)(f)1-4  <b>Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:</b></p> <ol style="list-style-type: none"> <li>1. The Parents' Home And Work Phone Numbers.</li> <li>2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.</li> <li>3. The Parents' Signed Consent For Emergency Medical Care.</li> <li>4. A Name And Number To Call If The Child Requires Emergency Medical Care.</li> </ol> <p>Description: Provider missing first date of attendance on enrollment 7 health history forms for children 1-3.</p>	<p>WILL ADD FIRST DATE OF ATTENDANCE ON FORM</p>	<p>02/20/26</p>		

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2	202.08(9)(b) <b>Before Transporting A Child, An Operator Shall Obtain Signed Permission From The Parent For Transportation And Emergency Information For Each Child.</b>  Description: Children 4-9 missing signed transportation permission forms.	WILL HAVE PARENT SIGN TRANSPORTATION FORM	02/20/26



**NAME - Agency Worker**  
Semaja McClain, Yovanka Vazquez

**Date Issued**  
2/17/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Trainee**

**Date Signed**