

Date Correction Plan Due 12/23/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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.

Name - Certified Operator / Licensed Center Color My World Child Care North	Provider Number / Facility ID Number 0000556380 / 001 - 520011
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Address - Facility (Street, City, State, Zip Code) 1903 Western Ave Eau Claire WI 54703	Telephone Number 715-835-2060	Date - Regulation Visit 12/6/2024
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State of Wisconsin
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)2. Staff Record - Completed Background Check</p> <p>Description: Fingerprints not completed for the following individuals: Individual 001, Individual 002, Individual 003, Individual 004, Individual 006, Individual 008</p> <p>Repeat violation: Previously cited on 11/20/2024, 10/2/2024</p>	<p>Fingerprints to be completed by 12/23/2024</p> <p><i>all staff are inactive and have been adjusted in the childcare portal.</i></p> <p><i>The one staff who is employed has completed her background/fingerprints</i></p>	<p><i>Completed</i> <i>12/13/24</i></p>	

NAME - Agency Worker
Kimberly Pahlow-Anderson

Date Issued
12/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer Quigg

Date Signed
12/15/24