

Date Correction Plan Due  
11/26/2024

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
608-422-6765

**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 Childcare Center Llc

**Provider Number / Facility ID Number**

1000589321 / 001 - 2003737

**Address - Facility (Street, City, State, Zip Code)**

1146 Grant St Beloit WI 535114101

**Telephone Number**

815-871-8355

**Date - Regulation Visit**

11/7/2024

**Rule/Statute Number  
Noncompliance Statement**

**Correction Plan**

**Expected  
Completion Date**

**Verification  
Date**

1

251.04(2)(g)1.  
**Certificate Of Insurance - Dates Of Coverage**

Description: The licensee did not submit to the department a certificate of insurance that indicates the dates of coverage.

submit insurance forms when requested

12/4/24

2

251.04(3)(h)  
**Report - Change In Room Usage**

Description: Center did not report moving the infant room 20 days prior to the change and was not approved by the department.

Will make sure in future to inform of any room changes Before Doing them

11/13/24

Name - Certified Operator / Licensed Center Color My World Childcare Center LLC		Provider Number / Facility ID Number 1000589321 / 001 - 2003737	
Address - Facility (Street, City, State, Zip Code) 1146 Grant St Beloit WI 535114101		Telephone Number 815-871-8355	Date - Regulation Visit 11/7/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(4)(a) <b>Fire Extinguishers - Operable, Inspected, Labeled</b>  Description: Fire inspection tag on the fire extinguisher in the hallway was not current and needs to be inspected once a year.	Jason getting the fire extinguisher Done in Dec.	12/15/24	
4 251.06(4)(d) <b>Exits &amp; Passageways - Unobstructed, Minimum Width</b>  Description: Exit in the infant room leading to the outside did not have a minimum clear width of three feet when plywood was attached to the door frame and the exit passageway was obstructed by a baby gate and broom.	Gate and Plywood are removed. Broom was put in closet	11/13/24	

NAME - Agency Worker  
Rebecca Brickson

Date Issued  
11/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/25/24