

Date Correction Plan Due 3/26/2024	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 Yellow Brick Academy Llc		Provider Number / Facility ID Number 6000590876 / 001 - 2006009					
Address - Facility (Street, City, State, Zip Code) 1620 Ohm Ave 1517 Altoona Ave Eau Claire WI 547014611		Telephone Number 715-514-2555	Date - Regulation Visit 3/12/2024				
	Rule/Statute Number Noncompliance Statement 1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: A Repeat violation: Previously cited on 2/20/2024, 9/11/2023	Correction Plan Fingerprints to be completed by 3/26/2024	<table border="1"> <thead> <tr> <th data-bbox="1543 714 1795 779">Expected Completion Date</th> <th data-bbox="1795 714 2030 779">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1543 779 1795 1049">Participant had finger prints completed on 3/13/2024 @ sharpphoto</td> <td data-bbox="1795 779 2030 1049">03/18/2024</td> </tr> </tbody> </table>	Expected Completion Date	Verification Date	Participant had finger prints completed on 3/13/2024 @ sharpphoto	03/18/2024
Expected Completion Date	Verification Date						
Participant had finger prints completed on 3/13/2024 @ sharpphoto	03/18/2024						

NAME - Agency Worker
Kimberly Pahlow-Anderson

Date Issued
3/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
03/18/2024