

Date Correction Plan Due 6/5/2025	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.

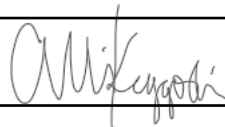
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 5/20/2025											
	<table border="1"> <thead> <tr> <th data-bbox="147 714 241 779"></th> <th data-bbox="241 714 987 779"> Rule/Statute Number Noncompliance Statement </th> </tr> </thead> <tbody> <tr> <td data-bbox="147 779 241 1081">1</td> <td data-bbox="241 779 987 1081"> 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 3/12/2024, 2/20/2024, 9/11/2023 </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 3/12/2024, 2/20/2024, 9/11/2023	<table border="1"> <thead> <tr> <th data-bbox="987 714 1543 779"> Correction Plan </th> </tr> </thead> <tbody> <tr> <td data-bbox="987 779 1543 1081"> Fingerprints to be completed by 06/05/2025 </td> </tr> </tbody> </table>	Correction Plan	Fingerprints to be completed by 06/05/2025	<table border="1"> <thead> <tr> <th data-bbox="1543 714 1795 779"> Expected Completion Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1543 779 1795 1081"> 06/09/2025 </td> </tr> </tbody> </table>	Expected Completion Date	06/09/2025	<table border="1"> <thead> <tr> <th data-bbox="1795 714 2028 779"> Verification Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1795 779 2028 1081"></td> </tr> </tbody> </table>	Verification Date	
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NAME - Agency Worker
Patrick Mulcahy

Date Issued
5/22/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Allison Krygoski
Administrative Assistant

Date Signed

06/03/2025