Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/4/2025		715-361-7700

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	Provider Number / Facility ID Number
A.E. Academy	2000591902 / 001 - 2007135

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1052 Dorr Ave Rhinelander WI 545013905	715-365-3440	8/25/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Staff A started working at the center on 08/11/25 and did not have an approved DCF background check on file.	Background v's were completed and updated day of visit	8.26.2025	
2	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff A and B did not have record of abusive head trauma training on file.	Backgrounds were completed and updated day of visit	8.26.2025	

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State of Wisconsin
NOV 28 2025
Dept of Children and Families
Rhinelander Regional Office

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
A.E. Academy		2000591902 / 001 - 2007135	
Address - Facility (Street, City, State, Zip Code) 1052 Dorr Ave Rhinelander WI 545013905	**Telephone Number** 715-365-3440	**Date - Regulation Visit** 8/25/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff A and B did not have record of orientation on file.	Updated & placed in file – addn hours to meet code	8.26.2025	

These were immediately corrected, non-compliance was posted – email communication will note this was completed – form not mailed.

AS

NAME - Agency Worker
Heather Struck

Date Issued
9/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11.14.2025