

Compliance Statement
Licensed Day Camps for Children

TO FILE A COMPLAINT, CALL: (920) 785-7811

Use of Form Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

Instructions - Licensing Specialist When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

Instructions - Licensee Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. If you don't have Internet access, contact your licensing office for a paper version of the survey.

Day Camp Name The Ridges Day Camp	Day Camp Address (Street, City, State, Zip Code) 8166 State Highway 57 Baileys Hbr, WI 542029301	Telephone Number (920) 839-2802	Facility ID 2004422
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NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

<input checked="" type="checkbox"/>	Non-Discr, Confidentiality & Reporting Child Abuse	<input checked="" type="checkbox"/>	Pets and Other Animals
<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	Operational Requirements
<input checked="" type="checkbox"/>	Personnel	<input type="checkbox"/>	Supervision and Grouping of Children
<input checked="" type="checkbox"/>	Base Camp and Facilities	<input checked="" type="checkbox"/>	Program

Licensing Specialist Name Jody Beyer	Visit Date 1/30/2024	Issue Date 2/7/2024
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