Date Correction Plan Due 12/12/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 920-785-7811

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**	
The Ridges Day Camp		4000589834 / 001 - 2004422	
Address - Facility (Street, City, State, Zip Code) 8166 State Highway 57 Baileys Hbr WI 542029301	**Telephone Number** 920-839-2802	**Date - Regulation Visit** 11/18/2025	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	252.41(4)(a)1.a. **Child Record - Enrollment Information** Description: Two children were missing their emergency contact information and their persons authorized to receive the child information in their files. All 10 children were missing their dates of enrollment in their files - see checklist.	1. The family was asked to complete the enrollment forms with emergency contact information. 2. School year calendars were printed and placed in each student's file	12/04/~~2026~~ 2025 12/03/~~2026~~ 2025	
2	252.41(4)(a)2. **Child Record - Emergency Medical Consent** Description: all 10 children were missing their emergency medical consent in their files - see checklist.	Enrollment Authorization information (for emergency medical consent) was sent out to families and will be filed in student records.	12/12/2025	

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3	252.42(1)(a)3. **Staff File - Background Check Results** Description: A background check was not completed for staff member A - see checklist.	Contacted CBU, and having staff member complete out-of-state background checks.	12/02/2025	

NAME - Agency Worker
Jill Kellner

Date Issued
11/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
01/27/2026