Date Correction Plan Due 8/21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 262-446-7800

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**	
Apple Ridge Academy		3000585353 / 002 - 2001666	
Address - Facility (Street, City, State, Zip Code) 21005 Gumina Rd Brookfield WI 530722932	**Telephone Number** 262-783-5437	**Date - Regulation Visit** 7/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: The medication authorization for an EpiPen for a child has no start or end date of the authorization.	**The medication authorization form was updated on the same day as the visit, July 13, to reflect a start and end date. Staff were reminded of that requirement and retrained on completing the form.**	**July 17, 2026**	
2	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: Infant formula in a plastic sandwich bag brought from home for a child in the Infant 2 classroom is not labeled with the child□s name or dated. Repeat violation: Previously cited on 12/11/2025	**In the morning, the child's mother placed the bag of formula in the child's assigned basket. The teachers in the classroom were unaware that it was there. Once they learned about it, they labeled the bag with the child's name and date while the licensor was present.**	**July 13, 2026**	

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21005 Gumina Rd Brookfield WI 530722932	262-783-5437	7/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Daniel Noel

Date Issued
8/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Carolyn Bell

Date Signed
August 6, 2026