

Date Correction Plan Due 2/9/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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)(f) 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	
Ram Child Care		0000586770 / 001 - 2000042	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
605 Random Lake Rd Random Lake WI 530751646		920-447-3066	1/8/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(3)(k)2. Contact With Person - Behavior Description: Based upon staff statement and video footage, a staff member with an ineligible background check was on the premise of the child care facility on December 26, 2025, even after the licensee agreed on March 27, 2025, to restrict the individual's access to children in care.	<i>Staff member is no longer employed</i>	
	Verification Date		

NAME - Agency Worker
Amanda Holz

Date Issued
1/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Shemah Ruiz

Date Signed