Submitted 7/3/26

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/3/2026	**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**	
Camp North Shore		6000587786 / 003 - 2005030	
Address - Facility (Street, City, State, Zip Code) 3100 W Country Club Dr Mequon WI 530925102		**Telephone Number** 262-242-7000	**Date - Regulation Visit** 6/18/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a) **Staff File - Maintenance & Availability** Description: Based upon record review, Staff D and E did not have files on premise.	Camp Director will print files & add to The Licensing Binder Immediately.	7/2/26	
2	252.42(1)(a)1. **Staff File - Personal Information** Description: Based upon record review, the staff record form containing personal information of the counselors was not completed. Repeat violation: Previously cited on 6/25/2025	Staff Record form sent to Director to have staff complete & add to The licensing binder Immediately	7/2/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.42(1)(a)5. **Staff File - Days & Hours Worked** Description: Based upon record review, a staff member left the premises for the day and did not sign out of camp. Repeat violation: Previously cited on 6/25/2025	Camp Director will complete an employee time log weekly & keep it in The licensing Binder.	7/2/26	
4	252.42(3)(a)6. **Pre-Camp Training - First Aid** Description: Based upon record review, Staff B did not have documentation of completion of first aid training.	Staff B has been signed up for a class and asked to complete by 7/3. Will submit cert once complete.	7/3/26	
5	252.44(7)(am)2.b. **Swimming Pool Enclosure - Access Through Gate** Description: Based upon observation the gate to the pool was open during the camp operation.	Licensee will submit exception request with non compliance statement.	6/30/26	
6	252.44(7)(b)3. **Waterfront Supervisor On Duty** Description: Based upon staff statement and record review, the staff designated as waterfront supervisor was not qualified.	The waterfront Supervison - Camp Director - will be on Deck to supervise campers & conduct buddy checks. In addition, campers of equal swim ability will be paired together during swim & in close proximity when in the water.	7/6/26	

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3100 W Country Club Dr Mequon WI 530925102	262-242-7000	6/18/2026	
Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Agency Worker
Amanda Holz

Date Issued
6/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kristen Grapes

Date Signed
7/3/26

http://dcf.wisconsin.gov

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EXCEPTION REQUEST

Use of form: This form is voluntary. However, when completed and posted next to the license certificate, this form meets the requirements of DCF 250.02(2), 251.02(2) and 252.02(4) of the Wisconsin Administrative Codes. If you fail to comply with the conditions of the exception, the exception will be rescinded and you will be issued a Noncompliance Statement and possibly an enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

Instructions licensee: The licensee shall complete the top section, including signature and date, and submit the form to the licensing specialist for approval. If additional space is required, attach separate sheet(s). All approved exceptions must be posted next to the license. If the licensee wants any changes to the conditions of an existing approved exception, a new request must be submitted to the department for approval. Exceptions are not transferrable. **Exceptions must be resubmitted for approval at license continuation.**

Instructions licensing specialist: The licensing specialist shall complete the "For Department Use Only" section, sign and date the form, and send a completed copy to the licensee. If additional space is required, attach separate sheet(s). If the request contains personally identifiable information for a specific child or staff member, the licensing specialist will also complete a CFS-297A, Exception Granted – Confidential form to be posted next to the license certificate in place of the document containing the confidential information.

Name – Facility	Facility ID Number
Camp North Shore	2005030
Address – Facility (Street, City, State, Zip Code)	**County in Which Facility is Located**
North Shore Country Club, 3100 W country club Dr., Mequon, WI, 53092	Ozaukee County

Applicable Rule Number(s) for which you are requesting an exception
DCF 252.44(7)

Existing Situation – Specify
The swimming pools gate & door are kept open during licensed hours.

Describe your alternative plan to meet the intent of the rule(s) for which you are requesting an exception
There are lifeguards present at all times during licensed hours.

Provide dates of proposed exception From: 06/15/2026 (mm/dd/yyyy) To: 07/31/2026 (mm/dd/yyyy) (end date may be no later than your next license continuation date)

Kristin Grapes
Name – Licensee (Type / Print)

Staff Onboarding & Licensing Manager
Licensee Title / Position (Type / Print)

Kristen Grapes
SIGNATURE – Licensee

06/30/2026
Date Signed (mm/dd/yyyy)

FOR DEPARTMENT USE ONLY

Licensing Specialist Action: ☐ Approve ☐ Deny	Begin Date:	End Date:

Reason for Action – Specify.

Conditions – Specify.

SIGNATURE – Licensing Representative | Licensing Representative Title / Position | Date Signed