

Date Correction Plan Due 6/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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)(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 Camp Shalom		Provider Number / Facility ID Number 2000568962 / 001 - 1002394		
Address - Facility (Street, City, State, Zip Code) 7762 County Road PD Verona WI 535939039		Telephone Number 608-848-1822	Date - Regulation Visit 5/20/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>252.42(1)(a)3. Staff File - Background Check Results</p> <p>Description: Fingerprints not completed for the following individuals: Individual 001, Individual 002, Individual 003, Individual 004, Individual 005, Individual 006, Individual 007, Individual 008, Individual 009, Individual 010</p> <p>Repeat violation: Previously cited on 11/21/2022</p>	<p>Fingerprints to be completed by 6/6/24.</p> <ul style="list-style-type: none"> ◦ Camp Shalom has updated hiring info. for staff no longer employed on the portal ◦ Camp Shalom has contacted staff to have fingerprints in by the due date 	6/6/24	

NAME - Agency Worker Maynou Thao	Date Issued 5/23/2024
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SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 5/30/24
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