Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/30/2026		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 Gan Israel		4000589484 / 001 - 2004040
Address - Facility (Street, City, State, Zip Code) 12850 N Oriole Ln Mequon WI 530972322	**Telephone Number** 414-228-8000	**Date - Regulation Visit** 7/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)6. **Staff File - High School Diploma Or Equivalent** Description: Based upon record review two counselors did not have document of highschool d diploma on fie. Repeat violation: Previously cited on 7/21/2025	Staff will be asked to organize and complete their personnel files, including proof of high school graduation. The director will review each file to make sure all required documents are included.	7/16/2026	
2	252.425(1)(a) **Supervision Of Children** Description: Based upon observation a child was out of sight and sound supervision in the school when their assigned group was outside.	Staff and campers will be reminded that campers must remain with their assigned groups and within sight and sound supervision at all times.	7/16/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.44(6)(e)4. **Medication Storage - Current Authorization** Description: Based upon record review a child medication form did not have dates of authorization completed.	Office staff will be reminded to check that all medication authorization forms are fully completed, including authorization dates.	7/16/2026	

NAME - Agency Worker
Amanda Holz

Date Issued
7/16/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
S. Wolvovsky

Date Signed
7/16/2026