Date Correction Plan Due 7/16/2026	**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**	
Scamp At Elite Sports Clubs		8000594278 / 001 - 2009159	
Address - Facility (Street, City, State, Zip Code) 13825 W Burleigh Rd Brookfield WI 530053058		**Telephone Number** 262-786-0880	**Date - Regulation Visit** 6/30/2026

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	252.07(3)(b) **Annual Training - Child Abuse & Neglect** Description: Documentation of annual training on child abuse and neglect was not observed for Staff A.	Cert completed and received 7/5/26	7/5/24	
2	252.42(1)(a)1. **Staff File - Personal Information** Description: Documentation of complete personal information was not observed for Staff A, B, B, D, E and Staff F.	Personal info obtained for Staff B,C on 7/1/24 Staff E terminated Personal info obtained for Staff A,D,F on 7/10/24	7/10/24	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.42(1)(a)2. **Staff File - Training & Certifications** Description: Documentation of training in abusive head trauma was not observed for Staff A, C, and E.	cert completed and received 7/15/26 for Staff A cert completed and received by Staff C on 6/30/26 Staff E terminated	7/15/26	
4	252.42(1)(a)3. **Staff File - Background Check Results** Description: Documentation of a completed background check was not observed for Staff C and Staff D.	Staff D completed on 7/9/26 Staff C completed on 7/13/26	7/13/26	

NAME - Agency Worker
Tiisha Harrell, Crescenta Sabree

Date Issued
7/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/13/26