

Date Correction Plan Due
8/21/2024

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 Elite Sports Clubs Scamp		Provider Number / Facility ID Number 4000590144 / 001 - 2005118		
Address - Facility (Street, City, State, Zip Code) 2001 W Good Hope Rd Glendale WI 532092831		Telephone Number 414-352-4900	Date - Regulation Visit 7/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(a) Report - Incident Or Accident Description: The center did not report an incident within 24 hours of the licensee becoming aware that a child had sought medical treatment as a result of an injury that occurred while in care of the camp. On 6/12/24 a child had broken an arm while jumping on a trampoline. The report had not been made until 7/17/24.	River Glen Elite will notify licensee of any accident or incident that occurs while the child is in the care of the camp that results in professional medical evaluation, within 24 hours of the licensee becoming aware of the medical evaluation.	8/23/24	8/23/24
2	252.44(3)(d) Trampolines & Inflatable Bounce Surfaces Description: A trampoline was used by children in care.	River Glen Elite has removed the trampoline and is no longer available to children in childcare.	7/19/24	7/31/2024

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Elite Sports Clubs Scamp

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414-352-4900

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7/18/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Jennifer Brees

Date Issued
8/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Keegan Kreul

Date Signed 8/23/24