STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/22/2025		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
Above And Beyond The Playground Athletics	1000593241 / 001 - 2008276

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
9904 W Good Hope Rd Milwaukee WI 532243814	414-667-5986	7/31/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)1.a. **Child Record - Enrollment Information** Description: Children 2, 3, and 4 did not have emergency contacts listed. Children 2, 3, and 4 did not have authorized pick up people listed, or parents had not written "none".	1. Go through and make sure all boxes in the campers file is filled out. 2. If not notify the parents or contact for that camper. 3. All enrollment information should be filled out with no empty boxes. All must be turned in before a child can start camp.	8/25/2025	
2	252.42(1)(a)5. **Staff File - Days & Hours Worked** Description: Staff hours were not accurate on the day of the visit. A staff person had not signed from the morning and a staff person had not signed in.	1. All staff in mornings will sign in before camp starts at 9am. 2. By 8:45 am the staff check in will get checked and accounted for. 3. If staff forgets then will get called into office, fix it, and talked through staff procedures.	8/25/2025	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.44(6)(g)1. **Medical Log - Maintenance** Description: The medical log book was not numbered.	1. make SUR the medical log book is numbered all the way to the last page 2. Do not skip anylines when writing and always draw a line through empty spaces 3. Always review your medical log with a director and sign off on it.	8/25/2025	

AME - Agency Worker
indy Matuszak

Date Issued
8/8/2025

IGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/25/2025

F-F-CFS0294-E (R.06/2011)