

Date Correction Plan Due 7/17/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Utopia Summer Camp		Provider Number / Facility ID Number 6000590436 / 001 - 2005477		
Address - Facility (Street, City, State, Zip Code) 1619 Washington St Grafton WI 530242049		Telephone Number 262-474-5866	Date - Regulation Visit 7/2/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(a) Report - Incident Or Accident Description: Based upon staff disclosure on 06/18/2024 a child in care hit their head on the corner of a door frame after being pushed from behind by another camper, requiring medical attention and resulted in stitches.	Utopia will be adding the procedure to our internal procedure, checklists, staff training courses, and staff knowledge checks to ensure that when a incident requires any professional medical attention to fill out State Form: https://dcf.wisconsin.gov/files/forms/pdf/0055.pdf and send to DCF	7/8/2024	7/8/2024

NAME - Agency Worker
Amanda Holz

Date Issued
7/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Perry Wirth *Perry Wirth*

Date Signed
7/8/2024