Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/22/2026		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	
Utopia Summer Camp		6000590436 / 001 - 2005477	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
1619 Washington St Grafton WI 530242049	262-474-5866	7/6/2026	
	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	252.41(4)(a)2. **Child Record - Emergency Medical Consent** Description: Based on records review, the program did not have the signed emergency medical consent information from the parents for 5 children.	All parents were required to fill out and submit a physical emergency medical consent form.	7/16/26	
2	252.44(6)(e)1.a. **Medication Administration - Parental Authorization** Description: There were 3 medications that did not have the beginning dates of administration and were also missing the expiration dates.	Parents were notified and dates were added.	7/7/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	252.44(6)(e)1.b. **Medication Administration - Container & Label** Description: Based on records review, there was a medication on the premises that was expired. Repeat violation: Previously cited on 6/30/2025	Parent was notified and a new, unexpired replacement was praided.	7/7/26

NAME - Agency Worker
Gloribel Tegen

Date Issued
7/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/22/26