

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 The Treehouse Enrichment Center		Provider Number / Facility ID Number 7000565897 / 003 - 1010198		
Address - Facility (Street, City, State, Zip Code) 1726 W Lloyd St Milwaukee WI 532051251		Telephone Number 414-372-2273	Date - Regulation Visit 12/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: T.H did not have an updated certificate in file.	T.H. completed the online portion of the training on 12/06/2024 and it is valid for two years. T.H. was required to retake the training due to the previous employer refusing to release the certification certificate. T.H. will complete the skills session within or before 90 days.	03/06/2024	

NAME - Agency Worker
Jennifer Mischock

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

 Charlotte Randolph

02/07/2024