

Date Correction Plan Due 5/1/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

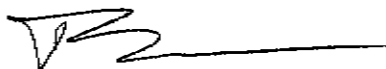
Name - Certified Operator / Licensed Center Terris Treehouse Llc		Provider Number / Facility ID Number 6000581956 / 001 - 1011376		
Address - Facility (Street, City, State, Zip Code) 136 Swenson Rd Woodruff WI 545689275		Telephone Number 715-358-4686	Date - Regulation Visit 4/7/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not have a current CPR certificate on file.	<i>Staff B updated CPR Certification. This was added to her file.</i>	<i>4/7/2026</i>	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff I did not have a current certificate on file for Child Abuse & Neglect.	<i>Staff I has updated their CAN Certification, which has been added to their file.</i>	<i>4/7/2026</i>	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication in the toddler classroom had a parent medication authorization form that exceeded the length and time specified on the label.	The medication was sent home. Admin will be checking medications + their forms bi-weekly to ensure they are up-to-date + accurate.	4/7/2026	
4	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: A medication in the 3-year-old classroom did not have a current parent medication authorization form on file.	The medication was sent home until an updated med form could be filed. Admin will be checking medications + their forms bi-weekly to ensure they are up-to-date + accurate.	4/7/2026	

NAME - Agency Worker
Brooke Lampe

Date Issued
4/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
4/17/2026