| Date Correction Plan Due<br>9/8/2026 | **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** | TO FILE A COMPLAINT CALL<br>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 Operation / Licensed Center | | Provider Number / Facility ID Number | |
|---|---|---|---|
| Terris Treehouse Llc | | 600056181856 / 001 - 1011376 | |
| **Address - Facility (Street, City, State, Zip Code)**<br>136 Swenson Rd Woodruff WI 545689275 | **Telephone Number**<br>715-356-4686 | **Date - Regulation Visit**<br>7/31/2026 | |
| | **Rule/Statute Number**<br>**Noncompliance Statement** | **Correction Plan** | **Expected Completion Date** | **Verification Date** |
| 1 | 251.055(1)(a)<br>**Supervision Of Children**<br><br>Description: On 07/30/2026, in a self-reported incident, Child 1 was left unsupervised on the playground for approximately four minutes.<br><br>Repeat violation: Previously cited on 8/7/2024 | Staff reviewed and were retrained on active supervision requirements, child accountability, and transition procedures. Staff are required to conduct name-to-face attendance verification before, during, and after all transitions. Supervision zones and responsibilities have been clearly assigned, and staff may not assume another staff member is supervising a child without direct confirmation. Administrative monitoring, observations, and coaching will be conducted regularly to ensure compliance with supervision requirements. | 7/31/2026 | |
| 2 | 251.055(1)(f)<br>**Child Tracking Procedure**<br><br>Description: On 07/30/2026, in a self-reported incident, Child 1 was left on the playground while the rest of the class transitioned to the garden area. Staff were unaware the child was unaccounted for until the child's family member arrived to pick him up.<br><br>Repeat violation: Previously cited on 8/7/2024 | The center implemented enhanced child tracking procedures. Staff are required to complete documented head counts and attendance checks before, during, and after each transition via Brightwheel. A designated lead staff member is responsible for verifying that all children have moved with the group before an area is left unattended. Attendance records will be reviewed against physical head counts throughout the day (Name to face Method) , and administration will conduct periodic spot checks to verify compliance. All staff received retraining on child tracking and attendance procedures. | 7/31/2026 | |

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|---|---|---|---|
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| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
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| | | | | |

**NAME** - Agency Worker
Brooke Lampe

Date Issued
8/25/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed
9/17/2026