

Date Correction Plan Due 5/29/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Tree Of Life Learning Center		<b>Provider Number / Facility ID Number</b> 8000593048 / 001 - 1007828		
<b>Address - Facility (Street, City, State, Zip Code)</b> N50w35181 E Wisconsin Ave Oconomowoc WI 530663289		<b>Telephone Number</b> 262-567-2737	<b>Date - Regulation Visit</b> 5/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: The health history and emergency care plan form for child 1 did not include additional information required when an allergy or medical condition is identified.	The family was given a new form and was instructed to complete <u>all</u> sections of the form. Forms will be reviewed when submitted to be sure they are complete.	5-22-26	5-19-26
2	251.05(4)(c)9. <b>Continuing Education - Documentation Of 12 Month Period</b>  Description: Staff D did not have documentation on file of having completed 15 hours of continuing education in 2025.	Since coursework was completed in 2025, documentation was printed and added to the staff file.	5-15-26	5-15-26

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3 251.06(2)(b) <b>Electrical Or Hot Surface Protection</b>  Description: An electric outlet in the 4K room was missing a protective cover on one outlet.	The outlet has been covered. Daily checking outlets has been added to our morning routines.	5-12-26	5-15-26
4 251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: All medications were not labeled with the child's name.	The child's name was written on the bottle of medication. All lotions were also labeled with child's name.	5-15-26	5-15-26
5 251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: Two medications at the center had expired authorizations.	New authorizations were given to families. The forms were completed with updated information.	5-21-26	5-20-26

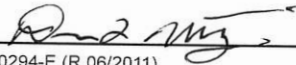
Moving forward we will document when authorizations are expiring. Medication time period will be date of medication expiration, end of program (Summer or Regular) or specified date on medication, whichever comes first.

NAME - Agency Worker  
Cindy Matuszak

Date Issued  
5/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

 5/20/26