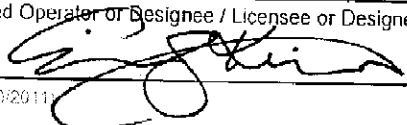


Date Correction Plan Due 3/2/2017	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-365-2500
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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.

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		Provider Number / Facility ID Number 6000581956 / 001 - 1011376	
Address - Facility (Street, City, State, Zip Code) 136 Swenson Rd Woodruff WI 545689275		Telephone Number 715-356-4686	Date - Regulation Visit 2/15/2017
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(1)(L)1. Staff Health Examination - Requirements Description: Based on record review and interview, there was no documentation on file of a staff health exam and TB (tuberculosis) test results on the required Department form for one child care worker.	The staff files were organized and streamlined. Health Report was reordered + TB are now on file.	2/28/17
			Verification Date

NAME - Certification Worker / Licensing Specialist Kim Pinchard	Date Issued 2/16/2017
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 2/28/2017

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Terris Treehouse

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