

Date Correction Plan Due 10/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-841-9490
---	--	---

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 Pa Chia M. Lor		Provider Number / Facility ID Number 9000587169 / 001		
Address - Facility (Street, City, State, Zip Code) 922 Turner St Wausau WI 544033361		Telephone Number 715-432-7974	Date - Regulation Visit 10/14/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: Signed consent for emergency medical care was not included in information obtained for Child 1, a name and number to call if the child requires emergency medical care was not included in information obtained for Child 1, 2, and 5.	<i>All forms completed 10/20/25</i>	<i>10/20/25</i>	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Pa Chia M. Lor		9000587169 / 001		
Address - Facility (Street, City, State, Zip Code) 922 Turner St Wausau WI 544033361		Telephone Number 715-432-7974	Date - Regulation Visit 10/14/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(2)(ar) The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.</p> <p>Description: A smoke detector was not located in the basement.</p>	<p>A smoke detector installed in the basement on 10/20/25</p>	10/20/25	
3	<p>202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Outdoor hazards observed included broken toys and pieces of metal, an unsecured cord hanging from the roof, and access to the garage with potentially dangerous items. Indoor hazards included items labeled hazardous to children accessible within the bathroom used by children.</p>	<p>The broken toys and piece of metal, the unsecure cord hanging from the roof has been removed on 10/18/25</p> <p>Indoor hazard in the bathroom was completed</p>	<p>10/18/25</p> <p>10/18/25</p>	
4	<p>202.08(2)(L) The Premises Shall Have No Flaking, Chipping, Peeling, Or Deteriorating Paint On Exterior Or Interior Surfaces In Areas Accessible To Children.</p> <p>Description: Chipping and deterioration paint was observed on baseboards and trim in areas accessible to children.</p>	<p>Repainted on the baseboard and trim area will be complete by 11/30/25</p>	11/30/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Pa Chia M. Lor		9000587169 / 001	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
922 Turner St Wausau WI 544033361		715-432-7974	10/14/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>5 202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: A the time of the visit, the operator did not have any written plan for taking appropriate action in the event of emergencies, though acknowledged was currently developing.</p>	<p>A written plan for taking action in emergency is drafted and being reviewed for final edit.</p>	11/30/25	
<p>6 202.08(4m)(a)1.a-c An Operator's Emergency Plan Shall Include Procedures For All Of The Following: A. Evacuation, Relocation, Shelter-In-Place, And Lock-Down. B. Communication And Reunification With Families. C. Ensuring That The Needs Of All Children Are Met, Including Children Under 2 Years Of Age, Children With Disabilities, And Children With Chronic Medical Conditions.</p> <p>Description: A the time of the visit, the operator did not have emergency plans or procedures, though acknowledged was currently developing.</p>	<p>An emergency plan is being drafted and being review for final edit It should be done by 11/30/25</p>	11/30/25	

Name - Certified Operator / Licensed Center Pa Chia M. Lor		Provider Number / Facility ID Number 9000587169 / 001	
Address - Facility (Street, City, State, Zip Code) 922 Turner St Wausau WI 544033361		Telephone Number 715-432-7974	Date - Regulation Visit 10/14/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	202.08(4m)(b) An Operator Shall Have A Written Plan To Prevent And Respond To Food And Other Allergy-Related Emergencies. Description: A the time of the visit, the operator did not have a written plan to prevent and respond to food and other allergy-related emergencies, though acknowledged was currently developing.	An written plan is being drafted and being reviewed for final edit - The plan should complete by 11/30/25	11/30/25

NAME - Agency Worker
Gayle Schiszik

Date Issued
10/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Palhinha

Date Signed

11/24/2025