

Date Correction Plan Due 10/13/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL <i>715-841-9490</i>
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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 Regina Johnson		Provider Number / Facility ID Number 3000590803 / 001		
Address - Facility (Street, City, State, Zip Code) 2804 N 13Th St Wausau WI 544033025		Telephone Number 715-212-8675	Date - Regulation Visit 9/30/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<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: Indoor and outdoor hazard including unsecured cords, an open outlet, items in the bathroom labeled as hazardous to children, as well as potentially dangerous items in the kitchen were observed.</p>	<p><i>Unsecured cords have been placed out of reach of children, all outlets have outlet covers.</i></p> <p><i>Cabinets in bathroom with hazardous materials have proper child locks and shower items have been placed in bins in shower where children can't reach.</i></p> <p><i>Kitchen has a gate so children can not access the kitchen area.</i></p>	<i>10/4/25</i>	

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2 202.08(2)(cm) Firearms, Ammunition And Bows And Arrows With Sharp Tips That Are Located On The Premises Or In A Vehicle Used To Transport Children Shall Be Kept In Locked Storage And May Not Be Accessible To Children. Description: The firearm located on the premises was not in locked storage at the time of the visit.	Firearm storage container has been locked with proper locking device. I will verify daily that the lock ^{container} is still locked.	9/30/25	
3 202.08(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. Description: Emergency plans need to be updated to include procedures for evacuation and relocation as well as 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.	I have added the required information to my policy handbook and emailed it to certification staff for review.	10/3/25	

NAME - Agency Worker
Gayle Schizik

Date Issued
9/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Regina Johnson

10/3/25