

<b>Date Correction Plan Due</b> 11/20/2025	<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.

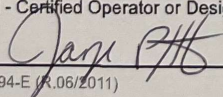
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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>		<b>Provider Number / Facility ID Number</b>	
Curiosity Corner Preschool Of Wau Pr Ch		5000577955 / 001 - 220132	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
2366 N 80Th St Wauwatosa WI 532131055		414-774-5005	11/5/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(2)(a) <b>Potential Source Of Harm On Premises</b>  Description: There is a loose cord laying on the floor. accessible to children, from a light table. Loose cords pose a strangulation hazard.	Light table cord is now taped to the wall.  Administrator met with staff to review. All cords will now be secured and not loose on the floor	November 6	November 6
2 251.07(6)(j)6. <b>Cleaning &amp; Protecting Superficial Wounds</b>  Description: Medical log book states antibacterial ointment was placed on a superficial injury a child received in care. Superficial injuries shall be cleaned with soap and water only.	Administrator met with staff to review injury treatment protocol. All staff were directed to only treat injury to skin with soap + water. Ointment was removed from firstaid box.	November 6	November 6

**NAME - Agency Worker**  
Sara Cooney, Maureen Slatten

**Date Issued**  
11/6/2025

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



**Date Signed**  
11/7/2025