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STATE OF WISCONSIN

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SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 12/2/2019	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Curiosity Cor Nur Sch Of Wau Pr Ch		Provider Number / Facility ID Number 5000577955 / 001 - 220132	
Address - Facility (Street, City, State, Zip Code) 2366 N 80Th St Wauwatosa WI 53213		Telephone Number 414-774-5005	Date - Regulation Visit 11/14/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.07(5)(a)10. Sharing Information About Food & Other Allergies  Description: Child food allergy in the Sun Room not easily accessible to potential substitutes as required by rule	Information is posted in classroom cabinet.	November 18, 2019
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization  Description: Incomplete parent authorization for epi pen kept on center premises	Parent will fill out, sign and date form DCF-F-CFS0059. This will be kept with Epi Pen in lock box.	November 18, 2019

NAME - Certification Worker / Licensing Specialist  
Paul Spink

Date Issued  
11/14/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Paul Spink*

11/18/19