

Date Correction Plan Due 2/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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		Provider Number / Facility ID Number		
Dezigned 4 Kidz Child Care Cntr Inc		4000558714 / 002 - 1008074		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
9950 N Port Washington Rd Mequon WI 530926080		262-241-4008	1/15/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff member A had an adult CPR certificate, but did not have an infant and child CPR certificate.	<i>- have her take child/baby CPR class</i>	<i>- by end of February in-person part - online part completed 2-6-25</i>	
2	251.055(2)(c) Mixed-Age Group - Staff-To-Child Ratio Description: On January 15, 2025, the Small Blue Room was out of ratio. The room had 5 children, three children were under two years of age, and two children were two years of age, and all were supervised by only one teacher. The total numerical weight of the group was 1.08, requiring two teachers.	<i>- this was due to a staff quitting unexpectedly over for 2 hours - check counts at 6am and double check at 8am before day gets started do not go over 1.042</i>	<i>1-15-25</i>	

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3	<p>251.055(2)(e) Mixed Age Group Of Children Over Age 2 - Group Size</p> <p>Description: On January 15, 2025, the Big Blue Room was out of ratio. There were 9 children ages 2 to 3, all supervised by one teacher. The total numerical weight of the group was 1.07, requiring two teachers.</p>	<p>- due to staff quitting unexpectedly - over for 2hrs</p> <p>- check counts at 6am and recheck at 8am to stay within numbers 1.042</p>	<p>1-15-25</p>	
4	<p>251.06(2)(a) Potential Source Of Harm On Premises</p> <p>Description: In the playroom there was a storage shelf containing a bin and various items that that could potentially fall on a child. In the Red and Blue rooms, there were two storage racks with various items that could potentially fall on children. The outlet in the bathroom located in the hallway was loose from the wall.</p>	<p>Strap or secure shelving and bins</p> <p>tighten outlet</p>	<p>1-18-25</p> <p>1-15-25</p>	
5	<p>251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair</p> <p>Description: In the Small Blue Room, there were two children's chairs that had stains and one of the chairs also frayed. The gates located in both, the Infants and the Red Rooms did not close properly.</p> <p>Repeat violation: Previously cited on 11/6/2023</p>	<p>removed chairs from room</p> <p>replace closers</p>	<p>1-15-25</p> <p>1-18-25</p>	

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6	Rule/Statute Number Noncompliance Statement 251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: Outside the Small Blue Room's fire exit, there was a small bicycle.	- Wind had blown n bike partially in front of door check periodically for any obstructions by doors on daily basis	1-15-25
			Verification Date

NAME - Agency Worker
Gloribel Tegen

Date Issued
1/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Janet Z Imrowski

Date Signed

2-5-25