Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
9/21/2021	PLAN	920-785-7811

Use of Form: This form is used by certification / icensing 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 / icensed 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 isted 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

nstructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / icensing specialist Complete the section about "Correction Plan" by indicating the steps that will be taken to address and correct each of the isted noncompliance(s) dentify expected completion date(s) for each item. Return the original to your certification / icensing specialist for approval and retain a copy of this is a icensed child care, post your copy of the noncompliance statement and correction plan near the icense in accordance with Wis Statement 48 657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis Statement 48 715 of 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 appear rights.

Nam	e - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number		
Dezi	gned 4 Kidz Child Care Cntr Inc	0558714 / 002 - 1008074			
Address - Facility (Street, City, State, Zip Code) 9950 N Port Washington Rd Mequon WI 530926080		Telephone Number 262-241-4008	Date - Regulation Visit 9/1/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.05(3)(c)  Cardiopulmonary Resuscitation Training  Description: Staff member A did not have a current CPR training on file.	Have her finish class on her phone, Will be doing 2nd half of class when all are complete	9-17-21 for class 10-30-21 for inperson		
2	251.06(11)(b)7.  Outdoor Play Space - Enclosure  Description: The outdoor fence around the pond is not sturdy and in some areas is less than 4 feet high.	Go around and raise fence to 4ft. all around and use wire to attach to cross poles	9-20-21		

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3	251.06(2)(d) Access To Materials Potentially Harmful To Children  Description: There were lubricant spray cans accessible to the children. The provider removed the cans during the visit.	Completcd	9-1-21		
4	251.06(2)(i)  Deteriorating Paint  Description: There was paint peeling off on one of the classrooms' wall.  Repeat violation: Previously cited on 1/6/2020	Weekly go around and touch up paint in rooms.	9-3-21		
5	251.07(3)(i) Cleanliness Of Furnishings, Toys, Equipment  Description: Some of the outside play equipment located in the the deck area was dirty.	Keep a somp + water Spray bottle with towels outside to clean any dirty toys.	9-2-21 and ongoing	<u> </u>	
<b>6</b>	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection  Description: The changing table had indentations. The Provider replaced it during the visit.	Inspect surfaces at and of week when closing center.	9-1-21		

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NAME Certification Worker / Licensing Specia ist G oribe Tegen	DEPT OF CHILDREN & FAMILIES NORTHEASTERN REGION	Date ssued 9/7/2021	<u></u>
S GNATURE Certified Operator or Designee / Licensee or Designee		Date Signed	
Jant F Tmoush		9-13-21	