DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 12/22/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 262-446-7800

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 Diddo Kiddos Childcare		**Provider Number / Facility ID Number** 5000592115 / 001 - 2007310	
Address - Facility (Street, City, State, Zip Code) 4835 W Parkland Ave Brown Deer WI 532234449	**Telephone Number** 414-544-5321	**Date - Regulation Visit** 11/7/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. **Child Record - Enrollment Information - Other Emergency Contact** Description: ILS could not verify emergency contact information for Child#2.	I will be Double checking Files every week to make sure they are complete.	11/8/25	
2	250.04(6)(a)1m.a. **Child Record - Health History - Name & Birthdate** Description: ILS was not able to verify a completed Health History for Child #2.	check Files weekly for accuracy	11/8/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Diddo Kiddos Childcare		5000592115 / 001 - 2007310	
Address - Facility (Street, City, State, Zip Code) 4835 W Parkland Ave Brown Deer WI 532234449	**Telephone Number** 414-544-5321	**Date - Regulation Visit** 11/7/2025	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: ILS was not able to verify completed immunizations for Child # 1 and 2.	Check files weekly for accuracy.	11/8/25	
4 250.04(6)(a)5. **Child Record - Consent For Emergency Medical Treatment** Description: ILS could not verify emergency medical treatment for Child #2.	Check files weekly for accuracy.	11/8/25	

NAME - Agency Worker
Tammy Saffold

Date Issued
12/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Letitia Williams

Date Signed
12/8/25