DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/22/2026		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 applicabl
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)(
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 Schoo
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 specialis
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 completic
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 th
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
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
notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Kiddie Cave Childcare		3000593243 / 001 - 2008279
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
3167 N 44Th St Milwaukee WI 532163539	414-517-3687	6/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(b) **Staff File - Background Check Results** Description: Staff File- Background was not verified for Staff B.	Complete background check	Immediately	
2	250.06(2)(a) **Electrical Or Hot Surface Protection** Description: Electrical Or Hot Surface Protections- ILS observed a TV cord not secured and accessible to children.	Secure TV cord	Immediately	

NAME - Agency Worker
Tammy Saffold

Date Issued
7/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/8/26