

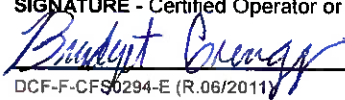
Date Correction Plan Due 2/11/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 Cadence Academy Of West Allis		Provider Number / Facility ID Number 4000589094 / 006 - 2005010		
Address - Facility (Street, City, State, Zip Code) 2360 S 106Th St West Allis WI 532272001		Telephone Number 414-545-0100	Date - Regulation Visit 1/28/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(9)(a)2. Kitchen Equipment & Utensils - Safe & Sanitary Description: The outside door of the kitchen refrigerator has some food spills and needs cleaning.	Cleaned and Sanitized the front of the Refrigerator immediately	1/28/22	
2	251.09(1)(am) Infant & Toddler - Intake Information Description: The parent/guardian did not sign/date the Under 2 Intake form for One child in the Young Blue room.	Will have parent sign and date the completed intake form	1/29/22	

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3	<p>251.09(1)(c) Infant & Toddler - Documenting Changes In Development</p> <p>Description: One child in the Old Purple room has an Under 2 Intake form that has not been updated in the prior three months (last updated 10/11/21).</p> <p>Repeat violation: Previously cited on 10/27/2021</p>	<p>Teacher updated Intake form and was reminded that they need to be done every 3 months</p>	<p>1/29/22</p>

NAME - Certification Worker / Licensing Specialist Laura Taylor	Date Issued 1/28/2022
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 2-11-22