

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
Date Correction Plan Due 12/10/2024	

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

Cadence Academy Preschool Of New Berlin

4000589094 / 002 - 2003295

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

5245 S Emmer Dr New Berlin WI 531517363

262-784-3400

11/19/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>251.07(5)(a)6.</p> <p>Menus - Changes</p> <p>Description: Changes to the menus kept file do not consistently list the specific fruit served, the menu just says <input type="checkbox"/> fruit <input type="checkbox"/>.</p>	<p>Going forward, we will save menus that note the specific fruit and veggies served each day.</p>	<p>12/11/2024</p>	
<p>2</p> <p>251.07(6)(f)1.b.</p> <p>Medication Administration - Containers & Labeling</p> <p>Description: A bottle of Infant Acetaminophen is not labeled with the child's name.</p>	<p>Medication was labeled immediately with the child's name.</p>	<p>11/19/2024</p>	

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<p>3</p> <p>251.07(6)(f)5. Medication Administration - As Labeled & Authorized</p> <p>Description: An Epi-pen for a child with known allergies is expired. It expired in September 2024.</p>	<p>Parent was notified of the expired epi-pen. It was sent home and a current epi-pen was provided.</p>	<p>11/25/2024</p>	
<p>4</p> <p>251.07(6)(f)6. Current Authorizations For Medications On Premises</p> <p>Description: There are several medications on premise without current authorizations. All medications kept on the premise must have current authorization from the parents.</p>	<p>Medication with expired forms were sent home immediately.</p>	<p>11/19/2024</p>	

NAME - Agency Worker
Sara Cooney

Date Issued
11/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0294-E (6/06/2011)

Date Signed

12/19/2024