

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

**Date Correction Plan Due**  
12/26/2024

**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 202.085, 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 Of Silver Spring

4000589094 / 007 - 2005011

**Address - Facility (Street, City, State, Zip Code)**  
NS6w16325 Silver Spring Dr Menomonee FIs WI 530515619

**Telephone Number**  
262-252-9200

**Date - Regulation Visit**  
12/11/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 <b>251.05(2)(a)8. Staff Record - Days &amp; Hours Worked</b></p> <p>Description: There were two staff present in the Toddler B room, however, there were 3 teachers signed in the classroom.</p>	<p>SD and AB will monitor tracking sheets to ensure teachers comply with signing out when leaving the classroom</p>	<p>12/11/2024</p>	
<p>2 <b>251.07(6)(1)a. Medication Administration - Parent Authorization</b></p> <p>Description: A medical authorization form for a child in the Preschool A room was not updated; the form indicated use of medication until 12/3/24. Repeat violation: Previously cited on 2/13/2024</p>	<p>Get updated authorization form from Parent, SD &amp; AB will check all medication authorization forms at the beginning of each month to ensure all forms are current and up to date.</p>	<p>12/11/2024</p>	

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NAME - Agency Worker  
Katrina Taranino, Rhonda Brueggemann

Date Issued  
12/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Melissa McFarlin*

Date Signed  
12/19/24