

Date Correction Plan Due
8/4/2025

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 Cadence Academy Of Menomonee Falls		Provider Number / Facility ID Number 4000589094 / 004 - 2005008	
Address - Facility (Street, City, State, Zip Code) N87W15105 Main St Menomonee Falls WI 530513133		Telephone Number 262-437-0900	Date - Regulation Visit 7/15/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.08(4)(c)1. Driver Record - Obtain & Review Description: Staff A did not have a driving record on file for review during site visit. **record was sent via email after licensing visit was completed**	record was retrieved and sent completed on via email. All records will be maintained in employee files as well as Bus Binder.	07.15.2025	

NAME - Agency Worker
Laura Taylor

Date Issued
7/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Michele Johnson

07.21.2025