

Date Correction Plan Due
7/30/2025

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 Waukesha
Provider Number / Facility ID Number
4000589094 / 008 - 2005012

Address - Facility (Street, City, State, Zip Code)
1705 Paramount Dr Waukesha WI 531863922
Telephone Number
262-549-9199
Date - Regulation Visit
11/7/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(9)(a) Mandated Reporting - Child Abuse & Neglect</p> <p>Description: Center staff, including the director and teachers in the room where a child sustained a head injury, had reasonable belief that abuse/neglect to a child occurred and should have filed a report to CPS immediately. CPS was not notified until directed to do so by licensing.</p>	<p>Center staff self-reported the concerns to licensing and consulted with the licensing representative regarding the need for a CPS self-report at that time. Center staff then self-reported to CPS at the direction of licensing representatives. Center staff will not rely on licensing representative consultation moving forward and will report to CPS directly. The report to CPS was made within 24 hours of the incident.</p>	<p>11/6/24</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 251.07(2)(e)1. Prohibited Actions - Corporal Punishment Description: On November 5, 2024, a child care provider was observed on video pushing a 2 1/2yo child by the neck into and enclosed area behind a bookcase. This teacher was observed hitting the child with a basket after he had placed it on her head and she threw it off toward the child. She was then observed grabbing this child by the arm, forcing him downward where he hit his head on an object causing him to sustain a head injury requiring stitches.	The staff member was removed from the care of children immediately, and formally terminated shortly thereafter.	11/6/24	
3 251.07(2)(e)3. Prohibited Actions - Physical Restraint, Restriction, Enclosure Description: On November 5, 2024, a child care provider was observed on video separating a child from his classmates by placing him behind a bookshelf where a staff member prevented him from leaving.	The staff member was removed from the care of children immediately, and formally terminated shortly thereafter.	11/6/24	

NAME - Agency Worker
Laura Taylor

Date Issued
7/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]
FOO THURM - AREA MANAGER

7/30/25