DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 11/20/2025	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		Provider Number / Facility ID Number	
Cadence Academy Of Silver Spring		4000589094 / 007 - 2005011	
Address - Facility (Street, City, State, Zip Code) N56w16325 Silver Spring Dr Menomonee Fls WI 530515619	**Telephone Number** 262-252-9200	**Date - Regulation Visit** 11/5/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)2. **Medical Log - Pages & Entries** Description: Medical log books were observed to have skipped lines. Medical log books were observed to have pages coming undone from the binding.	Staff were retrained on proper logging procedures, including not skipping lines and maintaining the integrity of the log book. Damaged books were replaced immediately.	11/5/25	

NAME - Agency Worker
Katrina Tarantino, Rhonda Brueggemann

Date Issued
11/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Melissa McCarlin

Date Signed
11/17/25