

Date Correction Plan Due  
1/28/2026

**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.

<b>Name - Certified Operator / Licensed Center</b> Cadence Academy Of Menomonee Falls		<b>Provider Number / Facility ID Number</b> 4000589094 / 004 - 2005008	
<b>Address - Facility (Street, City, State, Zip Code)</b> N87W15105 Main St Menomonee FIs WI 530513133		<b>Telephone Number</b> 262-437-0900	<b>Date - Regulation Visit</b> 1/6/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)1. <b>Child Record - Enrollment Information</b> Description: The file for Child 1 and Child 4 lacked emergency contact information when a parent cannot be reached.	Emergency contact information for Child 1 and Child 4 was added to their files.	1/6/26	
2 251.04(6)(a)2. <b>Child Record - Emergency Medical Consent</b> Description: Written consent from the parent for emergency medical care or treatment is not on file for Child 1.	Written consent from the parent for emergency medical care was added to their file.	1/6/26	

Name - Certified Operator / Licensed Center  
 Cadence Academy Of Menomonee Falls

Address - Facility (Street, City, State, Zip Code)  
 N87w15105 Main St Menomonee FIs WI 530513133

Telephone Number  
 262-437-0900

Provider Number / Facility ID Number  
 4000589094 / 004 - 2005008

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 <b>251.04(6)(a)6.            Child Record - Health History</b> Description: The health history on file for Child 3, identified as having a tree nut allergy, is incomplete. The health history questions that correspond to the food allergy (questions #2-8) were blank.	The health history form for child 3 was completed.	1/6/20	
4 <b>251.05(2)(a)            Staff Record - Maintenance &amp; Availability</b> Description: A the time of the licensing visit, there was no file available for review for Staff E.	Staff E now has a file on site.	1/15/20	
5 <b>251.06(1)(b)7.            Outdoor Play Space - Enclosure</b> Description: In the outdoor play space, the fence had gaps larger than 4 inches.	The gap in the fence will be repaired.	2/6/20	
6 <b>251.06(2)(b)            Electrical Or Hot Surface Protection</b> Description: An electrical outlet in the Pre-K room did not have an outlet cover.	An outlet cover was added immediately.	1/6/20	

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 FIs WI 530513133

Telephone Number  
 262-437-0900

Date - Regulation Visit  
 1/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 251.06(2)(9m) Premises - Wall Drained, Clean, In Good Repair Description: Water stains were observed on ceiling tiles in the Infant A room and Early Preschool B room. Repeat violation: Previously cited on 6/10/2024	Ceiling tiles in Infant A and Early Preschool B will be replaced.	2/6/26	
8 251.06(2)(i) Deteriorating Paint Description: Flaking paint was observed on the wall in the outdoor play space, accessible to children.	Flaking paint will be scuffed down and repainted.	2/6/26	
9 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There is no documentation that a monthly fire evacuation drill was conducted for the month of December 2025.	Reminders for monthly fire evacuation drills have been added to a calendar and the school director will insure they are conducted.	1/15/26	
10 251.06(4)(m)2. Fire Alarms & Smoke Detectors - Testing Description: There is no documentation demonstrating the required monthly smoke detector testing was conducted for the month of December 2025.	Reminders for monthly smoke detector testing have been added to a calendar and the school director will insure they are tested.	1/15/26	

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  
 1/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
11 <b>251.06(9)(d)1.b.</b> <b>Food Storage - Refrigeration Units</b> Description: In the Infant A room, the refrigerator is not being maintained at 40 degrees or below and the freezer is not maintained at 0 degrees; the refrigerator is at 44 degrees and the freezer is at 12 degrees. Repeat violation: Previously cited on 2/19/2025, 6/10/2024	The temperature setting on the refrigerator was turned down.	1/15/26	
12 <b>251.06(9)(d)1.c.</b> <b>Food Storage - Cold Storage Thermometers</b> Description: There is no thermometer in the Toddler B refrigerator.	A thermometer was added to the Toddler B refrigerator.	1/6/26	
13 <b>251.07(6)(dm)2.</b> <b>Medical Log - Pages &amp; Entries</b> Description: In the Toddler B room, a page from the medical log book is missing.	The medical log book from Toddler B was closed out and a new one was started	1/6/26	
14 <b>251.07(6)(dm)4.</b> <b>Medical Log - Reviewing Injury Records</b> Description: The medical log book in the Toddler B room was not reviewed within the last 6 months; the most recent review date occurred on 2/24/25.	The medical log book from Toddler B was reviewed before closing it out.	1/6/26	

Name - Certified Operator / Licensed Center  
 Cadence Academy Of Menomonee Falls  
 Address - Facility (Street, City, State, Zip Code)  
 N87W15105 Main St Menomonee Falls WI 530513133

Telephone Number  
 262-437-0900

Provider Number / Facility ID Number  
 4000589094 / 004 - 2005008

Date - Regulation Visit  
 1/6/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
15 251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: A child's medication (an Albuterol inhaler) was given to a child on 12/17/25 and 12/18/15. The authorization to administer this medication ended 9/6/25.	The medication authorization form was updated.	1/6/26	
16 251.09(1)(b) Infant & Toddler - Location & Sharing Intake Information Description: In the Toddler B room, an under 2 intake form was not on file in the room care was being provided.	All under 2 intake forms are now in the appropriate classrooms.	1/6/26	
17 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: An intake form in the Infant A room and several intake forms in the Toddler B room were not reviewed and updated within the past 3 months. Repeat violation: Previously cited on 6/10/2024	All under 2 intake forms have been updated.	1/6/26	

NAME - Agency Worker  
 Kristin Lange, Katrina Tarantino

Date Issued  
 1/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*[Handwritten Signature]*  
 Erin Thummel - Area Manager

1/15/26