

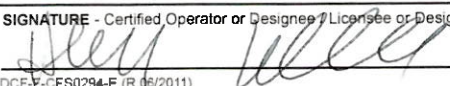
Date Correction Plan Due 3/18/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 West Allis		Provider Number / Facility ID Number 4000589094 / 006 - 2005010	
Address - Facility (Street, City, State, Zip Code) 2360 S 106Th St West Allis WI 532272001		Telephone Number 414-545-0100	Date - Regulation Visit 2/3/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6. Child Record - Health History Description: Health history information on file for Child #1, who has attended the center since 9/8/25, does not identify whether or not the child has a specific medical condition. Question #1 on the Health History and Emergency Care Plan has not been answered.	All forms for currently enrolled children were reviewed by management staff and updated as of February 16, 2026, to ensure compliance with all state regulatory requirements. Management will continue to regularly review and update all documentation to maintain full compliance with state regulations.	2/16/2026
2	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A, who has been employed since 9/22/25 and provides care and supervision to children under 5 years of age, has not documented completion of department-approved training in abusive head trauma.	All staff have reviewed and completed the Department's Abusive Head Trauma training, and updated certificates were placed in their personnel files as of February 16, 2026. Management will continue to ensure that all newly onboarded staff complete the required Department training, as well as training provided by the company, and that documentation is maintained in their personnel files.	2/16/2026

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3	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Per observation of the refrigerator in the Older Purple infant classroom, all bottles brought from home are not labeled with the child's name and dated.	Staff have been retrained on ensuring that all items brought from home are appropriately labeled by guardian prior to leaving the child at drop-off. In addition, a communication reminder has been sent to guardians outlining the proper labeling procedures for items brought from home.	2/16/2026	

NAME - Agency Worker Maureen Slatten	Date Issued 3/4/2026
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 2/16/26