

Date Correction Plan Due 4/3/2026	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 Oconomowoc		Provider Number / Facility ID Number 4000589094 / 005 - 2005009		
Address - Facility (Street, City, State, Zip Code) 1060 Oconomowoc Pkwy Oconomowoc WI 530664621		Telephone Number 262-569-9989	Date - Regulation Visit 3/18/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(b) Report - Damage To Premises Description: The center did not report furnace issues, causing a loss of heat, within 24 hours of the occurrence.	Moving forward, any furnace issues will be reported within 24 hours to the	3/18/26	
2	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff hours were not accurate in the infant A room when four staff were signed in but only one staff person was in the room providing care.	All staff has been retrained on accurate record keeping on tracking sheets.	3/18/26	

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C and D's CPR training was not completed via a department approved trainer. Repeat violation: Previously cited on 4/4/2025, 6/12/2024	Staff C and D have been registered to retake CPR by an	3/31/26
4	251.06(4)(a) Fire Extinguishers - Operable, Inspected, Labeled Description: A fire extinguisher in the basement was labeled as last being inspected in 2024.	The fire extinguisher in the basement, has been scheduled to be inspected.	4/2/2026

NAME - Agency Worker
Cindy Matuszak

Date Issued
3/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Hally Dias

Date Signed

3/27/26