

<b>Date Correction Plan Due</b> 5/1/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Cadence Academy Of Waukesha		<b>Provider Number / Facility ID Number</b> 4000589094 / 008 - 2005012		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1705 Paramount Dr Waukesha WI 531863922		<b>Telephone Number</b> 262-549-9199	<b>Date - Regulation Visit</b> 4/14/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(4)(a)2.c. <b>Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</b>  Description: On April 9, 2026 parents were not immediately notified when their child fell and bumped her head.	Staff have been retrained on proper protocol regarding parent notification.	05/06/2026	
2	251.07(2)(b) <b>Policy - Child Guidance</b>  Description: On April 9, 2026, appropriate child guidance was not implemented when a staff person grasped a child's shirt and pulled the child toward them. The child slipped and fell to the floor.	Staff have been retrained on proper guidance techniques in the classroom.	05/06/2026	

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**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
4/17/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

*Holly Schmitz*

04/28/2026