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| <b>Date Correction Plan Due</b><br>4/23/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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><br>Ebenezer Child Care Ctrs Inc Brookfield             |  | <b>Provider Number / Facility ID Number</b><br>5000561255 / 020 - 2007758  |  |                              |
|---|--|--|--|------------------------------|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2950 N Brookfield Rd Brookfield WI 530453003 |  | <b>Telephone Number</b><br>262-202-8588  | <b>Date - Regulation Visit</b><br>4/9/2025 |                              |
|   | <b>Rule/Statute Number<br/>Noncompliance Statement</b>   | <b>Correction Plan</b>   | <b>Expected<br/>Completion Date</b>        | <b>Verification<br/>Date</b> |
| 1   | 251.04(4)(a)2.c.<br><b>Parent Notification - Injury, Consumption Of Allergen, incorrect Medication</b><br><br>Description: Parents were not notified immediately of an incident in which a child bumped his head after falling from a scooter. Per medical log book entry on 3/5/25 the parent was not notified until time of pick up. | <i>Rule was reviewed with all staff. An email was sent to SOS (substitute teachers) asking them to review with their staff as well.</i>  | <i>4/10/25</i>                             | <i>4/10/25</i>               |
| 2   | 251.06(9)(d)1.b.<br><b>Food Storage - Refrigeration Units</b><br><br>Description: The temperature in the toddler room refrigerator registered above 40 degrees.  | <i>A new thermometer was placed in refrigerator on 4/9/25. It is registering at 39°. The other thermometer is still reading above 40°. There fore we deduct it is a thermometer issue. The new thermometer will remain and be rechecked after another 24 hours to be sure.</i> | <i>4/10/25</i>                             | <i>4/10/25</i>               |

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| <b>Rule/Statute Number</b>  | <b>Correction Plan</b> | <b>Expected Completion Date</b>   | <b>Verification Date</b>                   |
| <b>Noncompliance Statement</b>  |                        |   |  |

**NAME - Agency Worker**  
Jennifer Brees

**Date Issued**  
4/9/2025

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

*Kathie Aushaus*

**Date Signed**

*4/10/25*