DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
2/5/2026		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)(l) 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		Provider Number / Facility ID Number
Ebenezer Cc Ctrs Inc - Bayview Southside Mke		5000561255 / 023 - 2008391
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
2156 S 4Th St Milwaukee WI 532071146	414-226-5739	1/21/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) **Report - Incident Or Accident** Description: The center did not report an accident that occurred to a child while the child is in the care of the center that resulted in professional medical evaluation. The incident occurred in November 2025.	The center will ensure to send any accidents that occur At the center and requires medical attention to licensing within The required timeframe.	1/22/26	
2	251.05(2)(a)1. **Staff Record - Personal Information** Description: Staff D did not have on file documentation of personal information, such as name, address, date of birth, education, position, previous work experience in child care, including the reason for leaving previous positions, and the name, address, and telephone numbers of persons to be notified in an emergency.	The center will ensure all staff forms are completed During 1st week of orientation. Staff D did complete This form on 1/22/26.	1/22/26	

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3	251.07(3)(b)2. **Equipment - Quantity For Indoors** Description: The 2□s One Room did not have sufficient indoor play equipment to allow each child a choice of at least three activities involving equipment when all children are using equipment.	The center will make sure that all equipment is Out for children to engage with and not in Closets. Also, the center will make the necessary adjustments to make compliant with licensing.	1/26/26	

NAME - Agency Worker
Jennifer Brees

Date Issued
1/21/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1-26-2026