

Date Correction Plan Due 6/15/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Dc Everest Cont Educ - Greenheck		Provider Number / Facility ID Number 6000561056 / 006 - 2100497		
Address - Facility (Street, City, State, Zip Code) 6400 Alderson St Dc Everest - Greenheck Fldhse Weston WI 544763969		Telephone Number 715-359-6563	Date - Regulation Visit 6/11/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff B and Staff H did not have documentation on file of completing abusive head trauma training.	Obtain documentation of completed training and properly file in Staff B and H's files	Completed 6/15/26	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C did not have a current CPR training certificate on file.	Obtain CPR certificate and properly file in Staff C's file.	Completed 6/12/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff G did not have documentation on file of completing biennial child abuse and neglect training.	Obtain training certificate and properly file in Staff G's file.	Completed 6/15/26
4	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Per review of asthma action plan, a child is due to receive 2 puffs of albuterol before doing any activity. Staff have not been administering the medication as authorized from the parent and recommended by the doctor.	Child's file updated per parent's authorization.	Completed 6/22/26

NAME - Agency Worker
Bonnie Davis, Amanda Foley

Date Issued
6/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

6.25.26