Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/14/2026		608-422-6765

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	Provider Number / Facility ID Number
Great Beginnings Arbor Hills	1000559601 / 007 - 1004261

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2821 Todd Dr Madison WI 537132915	608-270-3485	8/27/2026

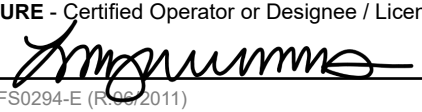
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff B did not have a completed orientation on file.	A formal orientation checklist document has been completed. Staff files will be audited annually for all required documentation by our Human Resources dept.	9/14/2026	
2	251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: Exit and exit passageways were not clear and unobstructed by furniture or other objects when in the jelly fish classroom cots for napping were observed in the exit passageway.	All staff have reviewed the requirements for all exits and doorways. Staff who conduct quarterly compliance reviews are also reminded of this. Going forward the cots will be stored out of the required exit space for a clear passageway.	9/14/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.09(1)(j) **Infant & Toddler - Crib Mattresses & Coverings** Description: Crib in the infant room did not contain a tight-fitting mattress as required.	This has been resolved and all staff have reviewed the rule for ensuring all crib bedding is secure at all times. each staff and Site Director will monitor this daily.	9/14/2026	

NAME - Agency Worker
Rebecca Brickson

Date Issued
8/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
9/4/2026