

Date Correction Plan Due  
4/7/2026

TO FILE A COMPLAINT CALL  
715-930-1148

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**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 Lil Cubs Sand Box		Provider Number / Facility ID Number 2000588302 / 002 - 2002544	
Address - Facility (Street, City, State, Zip Code) 423 Winter St Superior WI 548801359		Telephone Number 218-590-2004	Date - Regulation Visit 3/18/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(3)(j) <b>Report - Change In Transportation Services</b>  Description: The provider has been providing transportation to children and did not receive prior approval from the department. The provider occasionally drives children in care of the center to pick up her own daughter from school.  Rule states that any change in transportation services must be reported to the Department at least 5 days prior to the change, and any change in transportation services must be approved by the Department.	Vehicle updated inspection forms and any other required forms will be submitted in a timely manner moving forward.	04/15/2026	

Name - Certified Operator / Licensed Center Lil Cubs Sand Box		Provider Number / Facility ID Number 2000588302 / 002 - 2002544	
Address - Facility (Street, City, State, Zip Code) 423 Winter St Superior WI 548801359		Telephone Number 218-590-2004	Date - Regulation Visit 3/18/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 250.08(5)(b) <b>Vehicle Inspection Form</b>  Description: The provider transports children with a personal vehicle. There was no annual vehicle inspection report available for review during the licensing visit.  Rule states that at 12-month intervals, the licensee shall provide the department with evidence of a vehicle's safe operating condition.	Scheduled an inspection, getting completed and turned in.	04/15/2026	

NAME - Agency Worker  
Amelia Gruber

Date Issued  
3/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*[Handwritten Signature]*

3/31/26