

| | | |
|--|--|---|
| Date Correction Plan Due 5/30/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-361-7700 |
|--|--|---|

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 Sandbox Child Care And Preschool | | Provider Number / Facility ID Number 9000556919 / 001 - 620069 | | |
| Address - Facility (Street, City, State, Zip Code) 664 Cedar St Medford WI 544511662 | | Telephone Number 715-748-4525 | Date - Regulation Visit 5/13/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not have updated child abuse and neglect training on file. | Staff A will complete updated child abuse and neglect training and certificate will be placed in her file. | 05/15/2025 | |
| 2 | 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Per observation, medical log books have not been reviewed every 6 months. | Medical log books will be reviewed every 6 months. | 05/13/2025 | |

| | | | |
|--|---|--|---|
| Name - Certified Operator / Licensed Center Sandbox Child Care And Preschool | | Provider Number / Facility ID Number 9000556919 / 001 - 620069 | |
| Address - Facility (Street, City, State, Zip Code) 664 Cedar St Medford WI 544511662 | | Telephone Number 715-748-4525 | Date - Regulation Visit 5/13/2025 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 3 | 251.07(6)(i)1. Washing Child's Hands & Face Description: Per observation, children coming in from outside did not wash their hands upon returning to the indoor classroom. | Staff will be reminded that children's hand's must be washed when coming in from outside upon returning to the indoor classroom. | 05/13/2025 |

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
5/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Samantha Hines

Date Signed
05/16/2025