

|  |  |   |
|--|--|---|
| <b>Date Correction Plan Due</b><br>4/15/2026 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

|  |  |  |   |                              |
|--|--|--|---|------------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Sandbox Child Care And Preschool         |  | <b>Provider Number / Facility ID Number</b><br>9000556919 / 001 - 620069   |   |                              |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>664 Cedar St Medford WI 544511662 |  | <b>Telephone Number</b><br>715-748-4525  | <b>Date - Regulation Visit</b><br>3/30/2026 |                              |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b>   | <b>Correction Plan</b>   | <b>Expected<br/>Completion Date</b>         | <b>Verification<br/>Date</b> |
| 1  | 251.07(6)(f)5.<br><b>Medication Administration - As Labeled &amp; Authorized</b><br><br>Description: Multiple children in the infant rooms had Tylenol at the center. The medication authorization forms were not filled out in accordance to label instructions.<br><br>A medication that expired in June 2025 was in the Two's room. | Staff will be retrained how to properly complete medication authorization forms in accordance to medication label instructions.<br><br>Medication/authorization checks will be done frequently in all classrooms by the staff and Director to ensure that medications are not expired and authorizations are completed correctly. Staff will be reminded that expired medication must be sent home with parents or thrown out. | 04/01/2026                                  |                              |
| 2  | 251.07(6)(f)6.<br><b>Current Authorizations For Medications On Premises</b><br><br>Description: There was not a current medication authorization form on file for a medication that was in the Two's room.   | Medication/authorization checks will be done frequently in all classrooms by the staff and Director to ensure that authorizations on file are current.   | 04/01/2026                                  |                              |

|  |  |  |   |
|--|--|--|---|
| <b>Name - Certified Operator / Licensed Center</b><br>Sandbox Child Care And Preschool         |  | <b>Provider Number / Facility ID Number</b><br>9000556919 / 001 - 620069 |   |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>664 Cedar St Medford WI 544511662 |  | <b>Telephone Number</b><br>715-748-4525                                  | <b>Date - Regulation Visit</b><br>3/30/2026 |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b> | <b>Correction Plan</b>   | <b>Expected<br/>Completion Date</b>         |
|  |  |  | <b>Verification<br/>Date</b>                |

**NAME** - Agency Worker  
Brooke Lampe

Date Issued  
4/1/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

*Samantha Hines*

Date Signed  
04/09/2026