Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/13/2026		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	Provider Number / Facility ID Number
Sandbox Child Care And Preschool	9000556919 / 001 - 620069

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
664 Cedar St Medford WI 544511662	715-748-4525	10/26/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A current authorization on file for Infant's Tylenol exceeded the label instructions. The parent didn't initial indicating a doctor has been consulted. A current authorization on file for Children's Ibuprofen exceeded the label instructions without authorization by a physician.	• Obtained the parent's initials on the authorization form confirming a physician was consulted. • Requested and obtained a signed note from the child's pediatrician outlining the specific, higher dosage instructions, and attached it directly to the medication form.	10/26/2026 11/05/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: A medication for a child is not being administered as authorized by the parent. Children's Cetirizine Hydrochloride Oral Solution kept at the center expired in August 2026. Repeat violation: Previously cited on 3/30/2026	• Confirmed with the parent that the child no longer requires the medication.The medication will be permanently sent home with the parent, and the active medication administration authorization form will be formally canceled. • The expired bottle will be sent home with the parent, and a request has been made for an unexpired, replacement bottle if the child still requires it.	10/26/2026 10/26/2026	

NAME - Agency Worker
Brooke Lampe

Date Issued
10/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Samantha Hines

Date Signed
11/05/2026