

<b>Date Correction Plan Due</b> 5/21/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
--	--	---

**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>		<b>Provider Number / Facility ID Number</b>		
Little Foxes Child Care Llc		1000588911 / 001 - 2002922		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
1440 E Main St Omro WI 549631521		920-859-0313	5/1/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Based on record review on 5/1/26, child 1 did not have record of immunization. The first day of attendance for child 1 was on 2/16/26.	all records be received and current	5/4/26	
2	251.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: Based on record review on 5/1/26, previous children attendance records were not made available by the center. In the toddler room, one child was not signed in and was present on 5/1/26.	Started paper records on 5/11/26	5/11/26	

Address - Facility (Street, City, State, Zip Code)

1440 E Main St Omro WI 549631521

Telephone Number

920-859-0313

Date - Regulation Visit

5/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b></p> <p>Description: Based on record review on 5/1/26, child care staff are not tracked properly throughout the day. The staff attendance records shows the time staff arrive and leave the center only. Previous staff attendance records were not made available by the center to review.</p>	<p>Started paper records on 5/11/26</p>	<p>5/11/26</p>	
4	<p>251.06(9)(d)2.a. <b>Food Storage - Dry Food</b></p> <p>Description: Based on observations on 5/1/26, an open bag of sugar was not in a food grade bag or container.</p>	<p>all bags sealed and stored properly</p>	<p>5/11/26</p>	
5	<p>251.07(4)(c) <b>Naps Or Rest Periods - Sleeping Surfaces - Children Under 1</b></p> <p>Description: Based on observations on 5/1/26, an infant under the age one years old was sleeping in a swing for about 20 minutes.</p>	<p>NOT OK! Spoke w/ staff and make sure to transfer if they fall asleep</p>	<p>5/1/26</p>	
6	<p>251.07(6)(g)4. <b>Properly Clothed Children</b></p> <p>Description: The center self-reported that on or about April 28, 2026, child care staff did not properly clothe a child with socks while wearing boots.</p>	<p>mom should bring appropriate clothing it was not and some kids dont like socks so we assumed he was ok-since that's how she brought him in</p>	<p>5/1/26</p>	

Operator / Licensed Center		Provider Number / Facility ID Number		
Boxes Child Care Llc		1000588911 / 001 - 2002922		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1440 E Main St Omro WI 549631521		920-859-0313	5/1/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	<p>251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b></p> <p>Description: Based on observations on 5/1/26, a child's hands were not washed after diapering in infant room 1.</p>	all children, staff and surfaces wash properly	5/1/26	
8	<p>251.07(6)(i)2. <b>Adult Handwashing</b></p> <p>Description: Based on observations on 5/1/26, child care staff did not wash their hands after diapering in infant room 1.</p>		5/1/26	
9	<p>251.07(6)(i)3. <b>Condition &amp; Sharing Of Personal Care Items</b></p> <p>Description: Based on observations on 5/1/26, an infant dropped their pacifier onto the ground and a child care staff placed it back into the infant's mouth without washing the pacifier.</p>	always wash items that have touched the ground.	5/1/26	
10	<p>251.09(4)(a)3. <b>Infant &amp; Toddler - Diaper Changing Surface Disinfection</b></p> <p>Description: Based on observations on 5/1/26, child care staff did not disinfect the diaper pad in the infant room 1 after changing a child's diaper.</p> <p>Repeat violation: Previously cited on 9/5/2025</p>		5/1/26	

Operator / Licensed Center

oxes Child Care Llc

Provider Number / Facility ID Number

1000588911 / 001 - 2002922

Address - Facility (Street, City, State, Zip Code)

1440 E Main St Omro WI 549631521

Telephone Number

920-859-0313

Date - Regulation Visit

5/1/2026

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker

Dao Xiong

Date Issued

5/7/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Alissa Dolowitz*

Date Signed

5/14/26