

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
3/13/2024

**TO FILE A COMPLAINT CALL**  
262-446-7800

**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**

A Family Bond Lic

2000588682 / 001 - 2002534

**Address - Facility (Street, City, State, Zip Code)**  
3431 N 23Rd St Milwaukee WI 532061815

**Telephone Number**  
414-455-3484

**Date - Regulation Visit**  
2/26/2024

**Rule/Statute Number**  
**Noncompliance Statement**

**Correction Plan**

**Expected Completion Date**  
**Verification Date**

1  
250.04(6)(a)4.b.  
**Child Record - Physical Exam - Over 2, Under 5**  
Description: Child 4 does not have documentation of a follow-up health examination at least once every 2 years as required. The most recent health examination report on file for Child 4 is from 12/04/21.

Licensee has implemented a checklist to ensure the follow up health evaluation is completed in the required 2 year period.

3/1/2024

2  
250.05(3)(fm)  
**Biennial Training - Child Abuse & Neglect**  
Description: Staff A does not have documentation of a current biennial child abuse & neglect training. The most recent biennial child abuse & neglect training on file for Staff A was taken 07/16/21.

Licensee has implemented a checklist to ensure the required trainings are completed in the required period.

3/11/2024

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
A Family Bond Lic		2000588682 / 001 - 2002534	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
3431 N 23Rd St Milwaukee WI 532061815		414-455-3484	2/26/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date
3	<p>250.06(1)(b)4.  <b>Outdoor Play Space - Enclosure</b>            Description: There are two gaps in the outdoor play space enclosure that are greater than 4 inches. One gap was in the gate near the garage, and the other gap was in the corner of the outdoor play space across from the garage. Both gaps measured 5 inches.</p>	Licensee has implemented a checklist to ensure the outdoor play space enclosures are not greater than 4 inches.	3/8/2024
4	<p>250.06(2)(n)1.b.  <b>Radon - Testing, Current Providers</b>            Description: A radon test was not conducted no later than 6 months after the effective date of subdivision 1. This subdivision went into effect on 03/01/23.</p>	Licensee has implemented a checklist to ensure the required radon test is conducted in the required time period.	3/22/2024

**NAME** - Agency Worker  
 Daniel Noel, Kristin Keck

Date Issued  
 2/27/2024

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

*Tia Bond*

Date Signed  
 3/11/2024