

Date Correction Plan Due 3/4/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 A Family Bond Llc		Provider Number / Facility ID Number 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 2/5/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(j) Report - Change In Transportation Services Description: Licensee failed to notify the Department of a change in transportation services.	Licensee has implemented a check list for transportation for any change or service that should be notified to the licensor. Date completed 3/1/2026	3/3/2026	
2	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Enrollment information was incomplete for a child in care. Child's file listed the parent/guardian as the emergency contact.	Licensee has implemented a checklist for required enrollment forms ensuring enrollment information is entered correctly. Date completed 3/1/2026	3/3/2026	

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3	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: The file for Child 1 lacked an undated physical examination upon licensing review. The last documented physical examination for the child was June 2025, child is under the age of two and requires an updated health report every 6 months.	Licensee has implemented a checklist and a calendar alarm for required physical examination records that are due annually and semi annually. Date completed 3/1/2026	3/3/2026	
4	250.09(3)(j) Infant & Toddler - Care During Feeding Description: A child was observed in a high chair during licensing visit, safety straps were not utilized for the child.	Licensee has implemented a video tutorial for onboarding and continuing education for adjusting the straps on high chairs.Date completed 3/1/2026	3/3/2026	

NAME - Agency Worker
Kayla Sands

Date Issued
2/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ka Bond

Date Signed
3/1/2026