

1. Name of the person: [Name] (Mentioned in the [Section])

2. Address: [Address] (Mentioned in the [Section])

3. Date of birth: [Date] (Mentioned in the [Section])

4. Nationality: [Nationality] (Mentioned in the [Section])

5. Occupation: [Occupation] (Mentioned in the [Section])

6. Contact information: [Contact information] (Mentioned in the [Section])

7. Other relevant information: [Other relevant information] (Mentioned in the [Section])

8. Signature: [Signature] (Mentioned in the [Section])

9. Date: [Date] (Mentioned in the [Section])

10. Place: [Place] (Mentioned in the [Section])

11. Authority: [Authority] (Mentioned in the [Section])

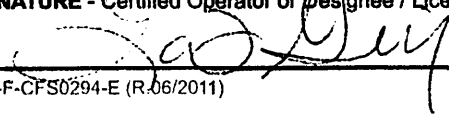
12. Remarks: [Remarks] (Mentioned in the [Section])

Name - Certified Operator / Licensed Center Baby Network		Provider Number / Facility ID Number 8000591338 / 001 - 2006503	
Address - Facility (Street, City, State, Zip Code) 3635 N 15Th St Milwaukee WI 532062304		Telephone Number 414-467-9927	Date - Regulation Visit 2/21/2024
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Tameka Thompson

Date Issued
3/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
3/14/24

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Baby Network		8000591338 / 001 - 2006503		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3635 N 15Th St Milwaukee WI 532062304		414-467-9927	2/21/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: There was no physical on file for Child #5 who is under the age of 2.	This child has an appointment 3-18-24 w/ Dr. according to Mom when documents will be received	3-18-24	
4	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: There was no record of immunizations on file for Child #5.	↓	3-18-24	
5	250.05(2)(a) Staff File - Staff Record Form Description: Staff record observed incomplete. There was no staff signature and section B was not completed by the employer. Repeat violation: Previously cited on 11/21/2023	Stop AHT training was completed on phone so name did not appear Done on certificate this has been redone and completed		
6	250.06(11)(b)4. Outdoor Play Space - Enclosure Description: There were gaps larger than 4 inches observed at the bottom of the outdoor enclosure.	See attached photos where enclosures have been sealed.	Done	

Date Correction Plan Due 3/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Baby Network		Provider Number / Facility ID Number 8000591338 / 001 - 2006503		
Address - Facility (Street, City, State, Zip Code) 3635 N 15Th St Milwaukee WI 532062304		Telephone Number 414-467-9927	Date - Regulation Visit 2/21/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: The child health history was observed incomplete for Child 4. The complete second page of the health history and care plan was missing.	The form was reprinted and the parent has completed the missing pages	Done	
2	250.04(6)(a)2. Child Record - Field Trip Permission Description: There was no field trip/other off-site activity permission on file for Child #3.	The parent has completed this portion of the document.	Done	