

Date Correction Plan Due 11/15/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Mps - Forest Home Safe Place		Provider Number / Facility ID Number 2000563892 / 147 - 2100125	
Address - Facility (Street, City, State, Zip Code) 1516 W Forest Home Ave Milwaukee WI 532043256		Telephone Number 414-902-6288	Date - Regulation Visit 10/30/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff C did not have Abusive Head Trauma Prevention Training completed	Staff C had previously completed training but certificate has been misplaced. Staff C has redone the Abusive head trauma training, new certificate attached	10/31/2023
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff C did not have CPR training completed Repeat violation: Previously cited on 12/2/2021	Staff C CPR certificate lost, rescheduled for December 13th, 2023	12/13/2023

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C did not complete training on child abuse and neglect reporting Repeat violation Previously cited on 12/2/2021	Staff C previously completed training but certificate has been lost Staff C retook training on 10/31/2023 Certificate attached	10/31/2023

NAME - Agency Worker Charlene Langsdorf, Katrina Tarantino	Date Issued 11/1/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed 11/1/2023

CC-FRFS0294 E (P.00 -011)



Wisconsin Department of
Children and Families

Abusive Head Trauma Prevention Training for Child Care Providers

MENU NOTES



CRYING CURVE

WISCONSIN INDIAN TRIBE STUDY

AHT AND THE CRYING CURVE

THE PERIOD OF PURPLE CRYING

WHAT DOES PURPLE MEAN?

PURPLE CRYING VS COLIC

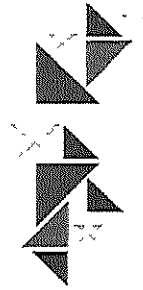
PREPARING FOR A PERIOD OF PURPLE CRYING

PRINCIPLES FOR SOOTHING A BABY

MANAGING STRESS AND FRUSTRATION

HAVING A PLAN

KEY TAKEAWAYS



Certificate of Completion

This is to certify that

Celcy Powers-King

has successfully completed

Online Abusive Head Trauma Prevention Training for Child Care Providers

Training Runtime: 45 Minutes

10/31/2023

Date of Completion



Wisconsin Department of Children and Families



CERTIFICATE OF COMPLETION

This certifies that

Celcy Powers-King

has successfully completed

Mandated Reporter Online Training

10/31/2023

