

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rachel Gaulke Fredericksen**      City: **Harrisburg**      Provider Number: **018042801**  
 Inspector: **Jennifer Preuninger**      Date of Inspection: **09/19/2018**      Time of Inspection: **9:30 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## B. Record Keeping/Fire Safety & Emergency Weather Drills

37. Does the provider have a current CPR certification? 67:42:03:07.02

<p>Corrections To Be Made:</p> <p><b>Rachel's CPR has expired. She is signed up to attend by the end of September.</b></p> <p><b>*Documentation of current CPR to be provided.</b></p> <p><b>*Documentation received on 10/25/2018.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>10/19/2018</b></td> <td style="text-align: center;"><b>10/25/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/19/2018</b>	<b>10/25/2018</b>
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<u><b>Rachel Gaulke</b></u>	<u><b>09/19/2018</b></u>	<u><b>Jennifer Preuninger</b></u>	<u><b>09/19/2018</b></u>
Provider Signature	Date	Inspector Signature	Date