

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jo Anne Cushing**

City: **Brookings**

Provider Number: **010600971**

Inspector: **Ambuer Jaacks**

Date of Inspection: **09/02/2020**

Time of Inspection: **10:27 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

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:  <b>EC - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</b> <b>RJ - Emergency Contact, Emergency Permission</b>	Agency Action:  <b>Compliance Plan</b>  Suggested Completion Date: <b>09/16/2020</b>  Actual Completion Date: <b>09/10/2020</b>  Status: <b>Corrected</b>
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32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:  <b>JC - Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Training</b>	Agency Action:  <b>Compliance Plan</b>  Suggested Completion Date: <b>09/16/2020</b>  Actual Completion Date: <b>09/10/2020</b>  Status: <b>Corrected</b>
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34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

Corrections To Be Made:

**Provider has 1.5 hours of training to complete. Provider signed up for a training which is taking place on September 3, at time of inspection.**

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**Verification received that provider completed remainder of training for current compliance plan.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**09/04/2020**

**09/10/2020**

Status: **Corrected**

**JoAnne Cushing**

Provider Signature

**09/02/2020**

Date

**Ambuer Jaacks**

Inspector Signature

**09/02/2020**

Date