

# Family Day Care Inspection Compliance Plan

Provider's Name: **Teresa Rippentrop**

City: **Lennox**

Provider Number: **010602899**

Inspector: **Dwight Johnson**

Date of Inspection: **03/06/2019**

Time of Inspection: **9:45 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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>MB - Immunization Records</b></li> <li><b>JD - Immunization Records</b></li> <li><b>HH - Immunization Records</b></li> <li><b>PK - Immunization Records</b></li> <li><b>JV - Immunization Records</b></li> <li><b>EW - Immunization Records</b></li> </ul>	<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>04/06/2019</b></td> <td style="text-align: center;"><b>04/10/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/06/2019</b>	<b>04/10/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>04/06/2019</b>	<b>04/10/2019</b>				

32. Do provider and helper records contain all required information? 67:42:03:07.03

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>TR - CPR</b></li> </ul>	<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>04/06/2019</b></td> <td style="text-align: center;"><b>04/10/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/06/2019</b>	<b>04/10/2019</b>
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<b>04/06/2019</b>	<b>04/10/2019</b>				

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

Corrections To Be Made:	Agency Action:	
<b>Provider needs to have proof of current CPR certification.</b>	<b>Compliance Plan</b>	
<b>***The Provider has current CPR certification.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>04/06/2019</b>	<b>04/10/2019</b>
	Status: <b>Corrected</b>	

**D. Health & Safety Features of the Home - Outdoor Environmental Observations**

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

Corrections To Be Made:	Agency Action:	
<b>The Provider needs the child development training.</b>	<b>Compliance Plan</b>	
<b>***The Provider has completed the child development training as required for orientation.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>04/06/2019</b>	<b>04/10/2019</b>
	Status: <b>Corrected</b>	

**Teresa Ribbentrop**  
 \_\_\_\_\_  
 Provider Signature

**03/06/2019**  
 \_\_\_\_\_  
 Date

**Dwight Johnson**  
 \_\_\_\_\_  
 Inspector Signature

**03/06/2019**  
 \_\_\_\_\_  
 Date