

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tara Mettler**

City: **Summerset**

Provider Number: **010605230**

Inspector: **Jon Farrar**

Date of Inspection: **03/09/2020**

Time of Inspection: **9:53 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

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 completed 5 hours of training for 2019 and is required to complete 6. Provider needs to complete one additional hour for 2019.**

**Correction: Provider completed the additional training.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**04/01/2020**

**03/30/2020**

Status: **Corrected**

**tara mettler**

Provider Signature

**03/09/2020**

Date

**Jon Farrar**

Inspector Signature

**03/09/2020**

Date