

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rachelle Headley**

City: **Sioux Falls**

Provider Number: **018042443**

Inspector: **Dwight Johnson**

Date of Inspection: **05/20/2019**

Time of Inspection: **3:30 PM**

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

Corrections To Be Made:	Agency Action:	
<b>Provider must obtain current CPR certification.</b>	<b>Compliance Plan</b>	
<b>*CPR Certification received.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>06/20/2019</b>	<b>06/28/2019</b>
	Status: <b>Corrected</b>	

**Rachelle Headley**

Provider Signature

**05/20/2019**

Date

**Dwight Johnson**

Inspector Signature

**05/20/2019**

Date