

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kelsey Blair**

City: **Harrisburg**

Provider Number: **018042911**

Inspector: **Rita Trager**

Date of Inspection: **01/30/2020**

Time of Inspection: **7:47 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>AU - Information Sheet, Emergency Contact, Emergency Permission</b>	Agency Action:  <b>Compliance Plan</b>  <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>02/28/2020</b></td> <td style="text-align: center;"><b>01/31/2020</b></td> </tr> </table> Status: <b>Corrected</b>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2020</b>	<b>01/31/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>02/28/2020</b>	<b>01/31/2020</b>				

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

Corrections To Be Made:  <b>Documentation of current CPR to be provided by 02/28/2020. *Documentation received on 02/20/2020</b>	Agency Action:  <b>Compliance Plan</b>  <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>02/28/2020</b></td> <td style="text-align: center;"><b>02/20/2020</b></td> </tr> </table> Status: <b>Corrected</b>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2020</b>	<b>02/20/2020</b>
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Kelsey Blair  
Provider Signature

01/30/2020  
Date

Rita Trager  
Inspector Signature

01/30/2020  
Date