

# Family Day Care Inspection Compliance Plan

Provider's Name: **Julie Johnson**

City: **Burke**

Provider Number: **019002951**

Inspector: **Becky Hurst**

Date of Inspection: **10/17/2018**

Time of Inspection: **1:47 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

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

<p>Corrections To Be Made:</p> <p><b>JF - Immunization Records</b>  <b>RF - Immunization Records</b>  <b>NG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</b>  <b>NG - Immunization Records</b>  <b>BH - Immunization Records</b>  <b>MH - Immunization Records</b>  <b>KP - Immunization Records</b>  <b>JS - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>10/31/2017</b></td> <td><b>10/31/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/31/2017</b>	<b>10/31/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>10/31/2017</b>	<b>10/31/2018</b>				

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

<p>Corrections To Be Made:</p> <p><b>JJ - C A/N Report Statement, CPR, Training</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>10/24/2018</b></td> <td><b>10/18/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/24/2018</b>	<b>10/18/2018</b>
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<b>10/24/2018</b>	<b>10/18/2018</b>				

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

<p>Corrections To Be Made:</p> <p><b>Needs Orientation Training Verification: Will obtain from the Right Turn. CPR training card to be obtained and kept on file.</b></p> <p><b>CORRECTION: All items listed above located and will be kept in the staff file.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>10/24/2018</b></td> <td><b>10/18/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/24/2018</b>	<b>10/18/2018</b>
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37. Does the provider have a current CPR certification? 67:42:03:07.02

<p>Corrections To Be Made:</p> <p><b>CPR training verification needed</b></p> <p><b>CORRECTION: CPR training and verification located and will be kept in the staff file.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>10/24/2018</b></td> <td><b>10/18/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/24/2018</b>	<b>10/18/2018</b>
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**Julie Johnson**  
 \_\_\_\_\_  
 Provider Signature

**10/17/2018**  
 \_\_\_\_\_  
 Date

**Becky Hurst**  
 \_\_\_\_\_  
 Inspector Signature

**10/17/2018**  
 \_\_\_\_\_  
 Date