

Family Day Care Inspection Compliance Plan

Provider's Name: **Julie Johnson**

City: **Burke**

Provider Number: **019002951**

Inspector: **Russ Lauritsen**

Date of Inspection: **09/17/2019**

Time of Inspection: **2:36 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:

**The Provider's CPR certification is expired and needs to renew it.
Correction: CPR was completed.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

10/18/2019

10/02/2019

Status: **Corrected**

Julie Johnson

Provider Signature

09/17/2019

Date

Russ Lauritsen

Inspector Signature

09/17/2019

Date