

Family Day Care Inspection Compliance Plan

Provider's Name: **Rebecca Vitek**

City: **Scotland**

Provider Number: **019522850**

Inspector: **Kenneth
Anderson**

Date of Inspection: **10/16/2018**

Time of Inspection: **10:19 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

<p>Corrections To Be Made:</p> <p>RP - Immunization Records BR - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <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;">10/31/2018</td> <td style="text-align: center;">10/26/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2018	10/26/2018
Suggested Completion Date:	Actual Completion Date:				
10/31/2018	10/26/2018				

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

<p>Corrections To Be Made:</p> <p>Current CPR certification is needed.</p> <p>*CPR class completed on 10/23/18.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <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;">11/05/2018</td> <td style="text-align: center;">10/23/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/05/2018	10/23/2018
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Rebecca Vitek
Provider Signature

10/16/2018
Date

Kenneth Anderson
Inspector Signature

10/16/2018
Date