

# Family Day Care Inspection Compliance Plan

Provider's Name: **Shelby Braaten**

City: **Alcester**

Provider Number: **019525316**

Inspector: **Kelly Gnat**

Date of Inspection: **10/02/2019**

Time of Inspection: **11:58 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

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

<p>Corrections To Be Made:</p> <p><b>SB - CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>11/10/2019</b></td> <td style="text-align: center;"><b>11/09/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/10/2019</b>	<b>11/09/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>11/10/2019</b>	<b>11/09/2019</b>				

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

<p>Corrections To Be Made:</p> <p><b>The Provider's CPR certification has expired. CPR certification must remain current.</b></p> <p><b>***Current CPR certification was received for the Provider.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>11/10/2019</b></td> <td style="text-align: center;"><b>11/09/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/10/2019</b>	<b>11/09/2019</b>
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Shelby Braaten  
Provider Signature

10/02/2019  
Date

Kelly Gnat  
Inspector Signature

10/02/2019  
Date