

Family Day Care Inspection Compliance Plan

Provider's Name: **Kimberly Hudson**

City: **Pierre**

Provider Number: **010604726**

Inspector: **Becky Hurst**

Date of Inspection: **11/20/2018**

Time of Inspection: **9:55 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

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

<p>Corrections To Be Made:</p> <p>Providers CPR Certification is expired. Provider is taking the December CPR class with The Right Turn.</p> <p>CORRECTION: Provider has complete the CPR and First Aid class on January 10, 2019.</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;">12/20/2018</td> <td style="text-align: center;">01/11/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/20/2018	01/11/2019
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12/20/2018	01/11/2019				

Kimberly Hudson

Provider Signature

11/20/2018

Date

Becky Hurst

Inspector Signature

11/20/2018

Date