

Family Day Care Inspection Compliance Plan

Provider's Name: **Ann Feltman**

City: **De Smet**

Provider Number: **011509016**

Inspector: **Rachel Holm**

Date of Inspection: **12/04/2018**

Time of Inspection: **9:26 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>HB - Immunization Records SC - Immunization Records AG - Immunization Records GH - Immunization Records SL - Immunization Records JP - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">01/04/2019</td> <td style="text-align: center;">12/19/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	01/04/2019	12/19/2018
Suggested Completion Date:	Actual Completion Date:				
01/04/2019	12/19/2018				

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

<p>Corrections To Be Made:</p> <p>Provider's CPR had expired.</p> <p>**Provider completed CPR class and certification was issued for two more years.**</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">12/12/2018</td> <td style="text-align: center;">12/12/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/12/2018	12/12/2018
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Ann Feltman
Provider Signature

12/04/2018
Date

Rachel Holm
Inspector Signature

12/04/2018
Date