

Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Barker**

City: **Castlewood**

Provider Number: **011517119**

Inspector: **Kelly Gnat**

Date of Inspection: **10/17/2019**

Time of Inspection: **8:37 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>LB - Immunization Records RB - Immunization Records SB - Immunization Records HV - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/17/2019</td> <td style="text-align: center;">11/18/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/17/2019	11/18/2019
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11/17/2019	11/18/2019				

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

<p>Corrections To Be Made:</p> <p>Provider did not have training completed.</p> <p>**Provider completed online training and submitted certificate to CCS.**</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/17/2019</td> <td style="text-align: center;">11/18/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/17/2019	11/18/2019
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Michelle Barker

Provider Signature

10/17/2019

Date

Kelly Gnat

Inspector Signature

10/17/2019

Date