

# Family Day Care Inspection Compliance Plan

Provider's Name: **SHANNON POWELL**

City: **Summerset**

Provider Number: **014511862**

Inspector: **Lori Janssen**

Date of Inspection: **01/10/2019**

Time of Inspection: **8:44 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><b>JJ - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>01/24/2019</b></td> <td style="text-align: center;"><b>01/14/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>01/24/2019</b>	<b>01/14/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>01/24/2019</b>	<b>01/14/2019</b>				

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

<p>Corrections To Be Made:</p> <p><b>Provider has verification of Adult CPR certification. Provider must be certified in Infant Child CPR. CORRECTION: Provider completed Infant Child CPR which expires 1/14/2021.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>01/24/2019</b></td> <td style="text-align: center;"><b>01/22/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>01/24/2019</b>	<b>01/22/2019</b>
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<b>01/24/2019</b>	<b>01/22/2019</b>				

## 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?

Corrections To Be Made:

**Provider did not complete Child Development Training as required for Orientation Training. Training must be completed.  
CORRECTION: Provider completed required training.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**01/24/2019**

**01/14/2019**

Status: **Corrected**

**Shannon Powell**

Provider Signature

**01/10/2019**

Date

**Lori Janssen**

Inspector Signature

**01/10/2019**

Date