# Program Inspection
# Informal Provider
# Compliance Plan

| | | | | | |
|---|---|---|---|---|---|
| Provider's Name: | **Deborah Cooperrider** | City: | **Valley Springs** | Provider Number: | **018042922** |
| Inspector: | **Stacie Ugofsky** | Date of Inspection: | **12/19/2022** | Time of Inspection: | **10:08 AM** |

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## A. Training requirements

1. Provider is currently certified in infant-child CPR? 67:47:01:13:01

| Corrections To Be Made: | Agency Action: | |
|---|---|---|
| **The provider must have current infant-child CPR.**<br><br>**The provider must have certified infant-child CPR.**<br><br>**Correction: The provider submitted documentation for current infant-child CPR certification to OLA.** | **Compliance Plan**<br><br>Suggested Completion Date:<br>**12/31/2022**<br><br>Status: **Corrected** | Actual Completion Date:<br>**12/28/2022** |

2. Provider has completed orientation training within the required timeframe or three hours of annual training 67:47:01:13.01

| Corrections To Be Made: | Agency Action: | |
|---|---|---|
| **The provider did not have documentation for 2022 training.**<br><br>**The provider must complete 3 hours training annually.**<br><br>**Correction: The provider submitted documentation for 3 hours training to OLA.** | **Compliance Plan**<br><br>Suggested Completion Date:<br>**12/31/2022**<br><br>Status: **Corrected** | Actual Completion Date:<br>**12/28/2022** |

| Deborah Cooperrider | 01/10/2023 | Stacie Ugofsky | 01/10/2023 |
|---|---|---|---|
| Provider Signature | Date | Inspector Signature | Date |