Program Inspection
Informal Provider
Compliance Plan

Provider's Name:	**Deborah Cooperrider**	City:	**Valley Springs**	Provider Number:	**018042922**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**07/12/2024**	Time of Inspection:	**11:07 AM**

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

H. Emergency preparedness and response planning for emergencies resulting from a natural disaster or mancaused event

22. Emergency evacuation plan is developed and shared with all family members 67:47:01:13.01

Corrections To Be Made:

The provider did not have an evacuation plan developed at the time of the inspection.

An emergency evacuation plan is to be developed for each home where care is provided.

Correction: The provider created an emergency evacuation plan for the home where care is provided.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/19/2024	**07/19/2024**

Status: **Corrected**

Deborah Cooperrider	**07/12/2024**	**Brooke Flemmer**	**07/12/2024**
Provider Signature	Date	Inspector Signature	Date