

# Family Day Care Inspection Compliance Plan

Provider's Name: **JoAnn McHugh**

City: **Huron**

Provider Number: **013007223**

Inspector: **Deb Bigge**

Date of Inspection: **02/28/2018**

Time of Inspection: **12:57 PM**

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

## A. Provider's Practices/Maximum Capacity/Care of Children

12. Does the provider obtain written consent from each child's parent or guardian to administer all prescription and non-prescription medication? This consent should outline specific dates medication is to be given. 67:42:03:08.01

<p>Corrections To Be Made:</p> <p><b>Consent form needs to be completed by parent every time medication is administered. Discussed with provider to assure this is done going forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <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>02/28/2018</b></td> <td style="text-align: center;"><b>02/28/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2018</b>	<b>02/28/2018</b>
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<b>02/28/2018</b>	<b>02/28/2018</b>				

13. Does the provider document each medication given to each child? Documentation is to include dose, child's name, time and date given along with the provider or helper's signature. 67:42:03:08.01

<p>Corrections To Be Made:</p> <p><b>Medication administration needs to be documented every time medication is given. Discussed with provider to assure this is done going forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <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>02/28/2018</b></td> <td style="text-align: center;"><b>02/28/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2018</b>	<b>02/28/2018</b>
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27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

Corrections To Be Made:	Agency Action:	
<b>Parents are verbally informed of meals served--menu needs to be posted. Discussed with provider to assure this is done going forward.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>02/28/2018</b>	<b>02/28/2018</b>
	Status: <b>Corrected Immediately</b>	

**B. Record Keeping/Fire Safety & Emergency Weather Drills**

30. Does each child's record contain all required information? 67:42:16:13

Corrections To Be Made:	Agency Action:	
<b>LN - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission AR - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/14/2018</b>	<b>03/26/2018</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>CPR expired 02/11/18--current certification is needed.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/14/2018</b>	<b>03/15/2018</b>
	Status: <b>Corrected</b>	

**C. Health & Safety Features of the Home - Indoor Environmental Observations**

47. Are toys that come in contact with a child's saliva or other bodily fluids sanitized with the appropriate ratio of bleach to water; sanitized in a dishwasher; or sanitized with a product approved for use?  
67:42:03:12

<p>Corrections To Be Made:</p> <p><b>New bleach solution is being mixed when the bottle is empty. Need to mix bleach/water solution daily to assure solution is maintained at correct rate. Verified that provider has bleach solution chart and discussed with provider to assure this is done going forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>02/28/2018</b></td> <td><b>02/28/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2018</b>	<b>02/28/2018</b>
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51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

<p>Corrections To Be Made:</p> <p><b>New bleach solution is being mixed when the bottle is empty. Need to mix bleach/water solution daily to assure solution is maintained at correct rate. Verified that provider has bleach solution chart and discussed with provider to assure this is done going forward.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>02/28/2018</b></td> <td><b>02/28/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>02/28/2018</b>	<b>02/28/2018</b>
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JoAnn McHugh  
Provider Signature

02/28/2018  
Date

Deb Bigge  
Inspector Signature

02/28/2018  
Date