

Family Day Care Inspection Compliance Plan

Provider's Name: **Patty Magnuson**

City: **Mitchell**

Provider Number: **014507851**

Inspector: **Deb Bigge**

Date of Inspection: **12/12/2018**

Time of Inspection: **9:45 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> <ul style="list-style-type: none"> GG - Emergency Permission CGJ - Emergency Permission CH - Emergency Contact EK - Emergency Contact MK - Emergency Contact, Immunization Records CR - Emergency Permission, Immunization Records SS - Emergency Contact TW - Emergency Contact TW - Emergency Contact 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">12/26/2018</td> <td style="text-align: left;">01/16/2019</td> </tr> </tbody> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/26/2018	01/16/2019
Suggested Completion Date:	Actual Completion Date:				
12/26/2018	01/16/2019				

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

<p>Corrections To Be Made:</p> <p>CPR certification is not current for Provider. Class is scheduled with Mitchell Fire Dept. for 12/13/18.</p> <p>*Provider completed CPR class on 12/13/18.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">12/26/2018</td> <td style="text-align: left;">12/13/2018</td> </tr> </tbody> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/26/2018	12/13/2018
Suggested Completion Date:	Actual Completion Date:				
12/26/2018	12/13/2018				

38. Do the helpers have current CPR certification? 67:42:03:07.02

<p>Corrections To Be Made:</p> <p>Current CPR certification is needed for helper before she provides substitute care. Class is scheduled with Mitchell Fire Dept. for 12/13/18.</p> <p>*Helper completed CPR class on 12/13/18.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/26/2018</td> <td>12/13/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/26/2018	12/13/2018
Suggested Completion Date:	Actual Completion Date:				
12/26/2018	12/13/2018				

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

45. Is the home clean, organized, free of litter & rubbish? 67:42:03:12

<p>Corrections To Be Made:</p> <p>Items stored near exits partially block them and create a fire hazard. Items blocking exits need to be relocated and overall storage near exits needs to be reduced. Provider is advised to continue to reduce and organize items throughout the home to increase the available space for play/childcare.</p> <p>*Provider relocated items stored near the exits and has reduced the overall amount of storage near the exits. Provider has organized some items in the home to increase the available space.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>01/31/2019</td> <td>01/16/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	01/31/2019	01/16/2019
Suggested Completion Date:	Actual Completion Date:				
01/31/2019	01/16/2019				

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>Measure bleach to assure diaper changing sanitizer is being mixed at the correct rate. Provider can use a bleach solution or other approved sanitizer.</p> <p>*Provider is measuring bleach to assure sanitizing solution is mixed at the correct rate.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2018</td> <td>12/13/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2018	12/13/2018
Suggested Completion Date:	Actual Completion Date:				
12/13/2018	12/13/2018				

Patty Magnuson

Provider Signature

12/12/2018

Date

Deb Bigge

Inspector Signature

12/12/2018

Date