

Family Day Care Inspection Compliance Plan

Provider's Name: **Linda Wager**

City: **Huron**

Provider Number: **014510579**

Inspector: **Deb Bigge**

Date of Inspection: **05/01/2018**

Time of Inspection: **1:01 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

27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

| | | | | | |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p>Menus need to be posted in a visible location.</p> | <p>Agency Action:</p> <p>Compliance Plan</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;">05/08/2018</td> <td style="text-align: center;">05/30/2018</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 05/08/2018 | 05/30/2018 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 05/08/2018 | 05/30/2018 | | | | |

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>MB - Emergency Permission HC - Immunization Records BD - Immunization Records LL - Immunization Records TN - Immunization Records OS - Immunization Records MW - Immunization Records</p> | <p>Agency Action:</p> <p>Compliance Plan</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;">05/15/2018</td> <td style="text-align: center;">05/30/2018</td> </tr> </table> <p>Status: Corrected</p> | Suggested Completion Date: | Actual Completion Date: | 05/15/2018 | 05/30/2018 |
| Suggested Completion Date: | Actual Completion Date: | | | | |
| 05/15/2018 | 05/30/2018 | | | | |

32. Do provider and helper records contain all required information? 67:42:03:07.03

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| KH - Three References, CPR, Training AW - C A/N Report Statement, CPR LW - CPR | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/15/2018 | 05/30/2018 |
| | Status: Corrected | |

35. Have all helpers completed orientation training within 90 days of hire? 67:42:03:07.02

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Need verification of completed orientation training for KH. | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/31/2018 | 05/30/2018 |
| | Status: Corrected | |

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

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| CPR certification is expired (scheduled to complete class on May 9, 2018). | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/31/2018 | 05/09/2018 |
| | Status: Corrected | |

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

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Current CPR certification needed for helpers. | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/31/2018 | 05/09/2018 |
| | Status: Corrected | |

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

43. Is a copy of the latest Family Day Care Inspection and Inspection Summary posted in a visible location? 67:42:16:17

| | | |
|---|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Post inspection and summary in a visible location. | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/08/2018 | 05/30/2018 |
| | Status: Corrected | |

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

| | | |
|---|--------------------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Sanitizing solution to be mixed daily to assure maximum effectiveness. | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/02/2018 | 05/02/2018 |
| | Status: Corrected Immediately | |

D. Health & Safety Features of the Home - Outdoor Environmental Observations

82. Is playground equipment properly installed, in good repair, without sharp or protruding edges?
67:42:03:17

| | | |
|--|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| Cover sharp ends of bolts on horse rider. | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 05/08/2018 | 05/30/2018 |
| | Status: Corrected | |

Linda Wager

Provider Signature

05/01/2018

Date

Deb Bigge

Inspector Signature

05/01/2018

Date