

Family Day Care Inspection Compliance Plan

Provider's Name: **Laura Picek**

City: **Mitchell**

Provider Number: **014511746**

Inspector: **Deb Bigge**

Date of Inspection: **07/03/2018**

Time of Inspection: **8:27 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> <p>MA - Immunization Records MR - Immunization Records LS - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;">07/17/2018</td> <td>07/05/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/17/2018	07/05/2018
Suggested Completion Date:	Actual Completion Date:				
07/17/2018	07/05/2018				

40. Does the provider have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations, accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:03:11.03

<p>Corrections To Be Made:</p> <p>Update plan for new home</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;">07/17/2018</td> <td>07/18/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/17/2018	07/18/2018
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07/17/2018	07/18/2018				

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

Corrections To Be Made:	Agency Action:				
	Compliance Plan				
	<table border="0"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td>07/03/2018</td> <td>07/03/2018</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	07/03/2018	07/03/2018
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07/03/2018	07/03/2018				
	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:				
	Compliance Plan				
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Laura Picek
Provider Signature

07/03/2018
Date

Deb Bigge
Inspector Signature

07/03/2018
Date