

# Family Day Care Inspection Compliance Plan

Provider's Name: **Bev Longe**

City: **Lake Andes**

Provider Number: **014512327**

Inspector: **Kenneth  
Anderson**

Date of Inspection: **03/12/2019**

Time of Inspection: **2:23 PM**

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><b>GB - Immunization Records</b>  <b>CK - Emergency Contact, Immunization Records</b>  <b>HK - Immunization Records</b>  <b>KK - Immunization Records</b>  <b>KK - Immunization Records</b>  <b>TR - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>03/24/2019</b></td> <td style="border: none;"><b>04/16/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/24/2019</b>	<b>04/16/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/24/2019</b>	<b>04/16/2019</b>				

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

<p>Corrections To Be Made:</p> <p><b>BL - CPR</b>  <b>GL - CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>03/15/2019</b></td> <td style="border: none;"><b>03/28/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/15/2019</b>	<b>03/28/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/15/2019</b>	<b>03/28/2019</b>				

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
<b>A half hour of training is on record for the past year. Five and one half additional hours of training need to be completed. Training can be completed via classroom attendance, video, reading materials, or online webinars/training modules.</b>	<b>Compliance Plan</b>	
<b>*Provider completed 5.5 hours of training needed for previous training year.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>03/29/2019</b>	<b>04/16/2019</b>
	Status: <b>Corrected</b>	

36. Have all helpers completed six hours of training in at least three separate topic areas in the past year?  
67:42:03:07.02

Corrections To Be Made:	Agency Action:	
<b>A half hour of training is on record for the past year. Five and one half additional hours of training need to be completed. Training can be completed via classroom training, video, reading materials, or online webinars/training modules.</b>	<b>Compliance Plan</b>	
<b>*Helper completed 5.5 hours of training needed for previous training year.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>03/29/2019</b>	<b>04/16/2019</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 certification has expired. Provider needs to complete CPR certification training which includes a hands-on skills test.</b>	<b>Compliance Plan</b>	
<b>*CPR training was completed on 3/28/19.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>03/15/2019</b>	<b>03/28/2019</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:

**CPR certification has expired. Helper needs to complete CPR certification training which includes a hands-on skills test.**

**\*CPR training was completed on 3/28/19.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**03/15/2019**

Actual  
Completion  
Date:

**03/28/2019**

Status: **Corrected**

**Bev Lange**

Provider Signature

**03/12/2019**

Date

**Kenneth Anderson**

Inspector Signature

**03/12/2019**

Date