

# Family Day Care Inspection Compliance Plan

Provider's Name: **Bev Longe**

City: **Lake Andes**

Provider Number: **014512327**

Inspector: **Carrie Lewis**

Date of Inspection: **07/13/2020**

Time of Inspection: **10:25 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

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

<p>Corrections To Be Made:</p> <p><b>BL - Training</b> <b>GL - Training</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>08/13/2020</b></td> <td style="text-align: center;"><b>08/13/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/13/2020</b>	<b>08/13/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>08/13/2020</b>	<b>08/13/2020</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

<p>Corrections To Be Made:</p> <p><b>Required training is not compliant. Verification of 2019 training is needed.</b></p> <p><b>*Received verification of 6 hours of training completed for 2019.</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>08/13/2020</b></td> <td style="text-align: center;"><b>08/13/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/13/2020</b>	<b>08/13/2020</b>
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<b>08/13/2020</b>	<b>08/13/2020</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>Required training is not compliant. Verification of 2019 training is needed.</b>	<b>Compliance Plan</b>	
<b>*Received verification of 6 hours of training completed for 2019.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>08/13/2020</b>	<b>08/13/2020</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 cannot be verified at the time of inspection.</b>	<b>Compliance Plan</b>	
<b>*Verification of CPR training completed on 3/28/19 was located.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>07/14/2020</b>	<b>07/20/2020</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>Current CPR verification cannot be verified at the time of inspection.</b>	<b>Compliance Plan</b>	
<b>*Verification of CPR training completed on 3/28/19 was located.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>07/14/2020</b>	<b>07/20/2020</b>
	Status: <b>Corrected</b>	

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

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

Corrections To Be Made:

**The temperature of the freezer measures 11.3 degrees F.**

**\*The temperature of the freezer was turned down and measured at 0 degrees F.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**07/14/2020**

**07/14/2020**

Status: **Corrected**

**Bev Longe**

Provider Signature

**07/13/2020**

Date

**Carrie Lewis**

Inspector Signature

**07/13/2020**

Date