

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kristi Tieman**

City: **Madison**

Provider Number: **011507040**

Inspector: **Elijah Ehresmann**

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

Time of Inspection: **10:49 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

### Corrections To Be Made:

**DA - Emergency Contact  
JB - Immunization Records  
BD - Emergency Permission  
JG - Immunization Records  
NG - Immunization Records  
CT - Emergency Contact, Immunization Records**

### Agency Action:

#### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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<b>04/12/2019</b>	<b>04/17/2019</b>
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Status: **Corrected**

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:

**Provider did not have six hours of annual trainings or proof of trainings at time of visit.**

**\*\*Provider obtained additional training hours in April to complete 6 hours of training for 2018. Provider is aware that April 2019 trainings will not be counted towards 2019 annual hours. Provider will ensure at least six hours of training hours are obtained and proof of trainings are kept on file for review.\*\***

### Agency Action:

#### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
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<b>04/12/2019</b>	<b>04/17/2019</b>
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Status: **Corrected**

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:

**The helper did not have all of the required 6 hours of training completed.**

**\*\*Helper obtained the additional needed training hours in April 2019. Provider is aware these trainings will not count towards 2019 annual hours and will ensure helper will obtain at least six hours of training per year.\*\***

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**04/12/2019**

Actual  
Completion  
Date:

**04/12/2019**

Status: **Corrected**

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

Corrections To Be Made:

**Provider did not have proof of helper CPR certification during time of inspection.**

**\*\*Provider obtained copy of CPR certification and placed in helper folder.\*\***

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**04/12/2019**

Actual  
Completion  
Date:

**04/12/2019**

Status: **Corrected**

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:

**Four fire drills and one tornado drill need to be completed and documented yearly. Complete one fire drill within the next month.**

**\*\*A fire drill was completed and Provider will assure that adequate drills are completed and documented yearly going forward.\***

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**04/12/2019**

Actual  
Completion  
Date:

**04/12/2019**

Status: **Corrected**

**Kristi Tieman**

Provider Signature

**03/12/2019**

Date

**Elijah Ehresmann**

Inspector Signature

**03/12/2019**

Date