

# Family Day Care Inspection Compliance Plan

Provider's Name: **Carmen Fischer**

City: **Mitchell**

Provider Number: **014512063**

Inspector: **Deb Bigge**

Date of Inspection: **08/28/2019**

Time of Inspection: **9:32 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> <ul style="list-style-type: none"> <li><b>HB - Immunization Records</b></li> <li><b>TB - Immunization Records</b></li> <li><b>RL - Immunization Records</b></li> <li><b>BM - Immunization Records</b></li> <li><b>HP - Immunization Records</b></li> <li><b>CR - Immunization Records</b></li> <li><b>TR - Immunization Records</b></li> </ul>	<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>09/13/2019</b></td> <td style="text-align: center;"><b>09/24/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/13/2019</b>	<b>09/24/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/13/2019</b>	<b>09/24/2019</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

<p>Corrections To Be Made:</p> <p><b>3.5 hours of training need to be completed for 2018.</b></p> <p><b>*Four hours of training were completed and verified.</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>09/20/2019</b></td> <td style="text-align: center;"><b>09/25/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/20/2019</b>	<b>09/25/2019</b>
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<b>09/20/2019</b>	<b>09/25/2019</b>				

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

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:
<b>The sanitizing solution was not being mixed daily. Prepare a new solution daily to assure maximum effectiveness.</b>	<b>Compliance Plan</b>
<b>*Provider will assure that sanitizing solution will be mixed daily going forward.</b>	Suggested Completion Date: <b>08/29/2019</b>
	Actual Completion Date: <b>08/29/2019</b>
	Status: <b>Corrected</b>

**Carmen Fischer**  
\_\_\_\_\_  
Provider Signature

**08/28/2019**  
\_\_\_\_\_  
Date

**Deb Bigge**  
\_\_\_\_\_  
Inspector Signature

**08/28/2019**  
\_\_\_\_\_  
Date