

Family Day Care Inspection Compliance Plan

Provider's Name: **Adrianna Peterson**

City: **Tyndall**

Provider Number: **014512483**

Inspector: **Deb Bigge**

Date of Inspection: **10/02/2018**

Time of Inspection: **12:17 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Provider's Practices/Maximum Capacity/Care of Children

27. Are menus posted and retained for 6 months following the week it was prepared for? 67:42:03:13

<p>Corrections To Be Made:</p> <p>A weekly menu needs to be posted in a visible location.</p> <p>*A weekly menu is posted.</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">10/09/2018</td> <td style="text-align: center;">10/09/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/09/2018	10/09/2018
Suggested Completion Date:	Actual Completion Date:				
10/09/2018	10/09/2018				

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>AD - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>PD - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission, Immunization Records</p> <p>AG - Immunization Records</p> <p>GG - Immunization Records</p> <p>AP - Immunization Records</p> <p>LW - Immunization Records</p> <p>LW - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">11/02/2018</td> <td style="text-align: center;">11/30/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/02/2018	11/30/2018
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11/02/2018	11/30/2018				

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

Corrections To Be Made:	Agency Action:	
TB - Address & Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation	Compliance Plan	
BG - Address & Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation	Suggested Completion Date:	Actual Completion Date:
	11/02/2018	11/26/2018
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
Verification of CPR certification needed for the helper.	Compliance Plan	
*Verification of CPR certification was received.	Suggested Completion Date:	Actual Completion Date:
	11/02/2018	11/26/2018
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
Written emergency preparedness plan needed.	Compliance Plan	
*A written emergency preparedness plan is on file at the program.	Suggested Completion Date:	Actual Completion Date:
	11/02/2018	11/30/2018
	Status: Corrected	

41. Are the helpers aware of the emergency preparedness plan and procedures? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
Helpers need to review the emergency preparedness plan.	Compliance Plan	
*Helpers have reviewed the plan.	Suggested Completion Date:	Actual Completion Date:
	11/02/2018	11/30/2018
	Status: Corrected	

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:	
Mouthable toys need to be sanitized daily.	Compliance Plan	
*Mouthable toys are being sanitized daily.	Suggested Completion Date:	Actual Completion Date:
	10/02/2018	10/02/2018
	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:	
The diaper changing area needs to be sanitized with the appropriate bleach solution.	Compliance Plan	
*Bleach solution mixed at the appropriate rate is used for the diaper changing area.	Suggested Completion Date:	Actual Completion Date:
	10/02/2018	10/02/2018
	Status: Corrected	

Adrianna Peterson

Provider Signature

10/02/2018

Date

Deb Bigge

Inspector Signature

10/02/2018

Date