

# Family Day Care Inspection Compliance Plan

Provider's Name: **Trisha Lensing**

City: **Wagner**

Provider Number: **019519633**

Inspector: **Deb Bigge**

Date of Inspection: **08/06/2019**

Time of Inspection: **1:10 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

### Corrections To Be Made:

**CF - Immunization Records**  
**KF - Enrollment Date, Information Sheet, Emergency Contact, Emergency**  
**Permission, Immunization Records**  
**EH - Immunization Records**  
**LP - Immunization Records**  
**XP - Immunization Records**  
**PS - Enrollment Date, Information Sheet, Emergency Contact, Emergency**  
**Permission, Immunization Records**

### Agency Action:

#### Compliance Plan

| Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|----------------------------------|-------------------------------|
|----------------------------------|-------------------------------|

|                   |                   |
|-------------------|-------------------|
| <b>08/20/2019</b> | <b>09/06/2019</b> |
|-------------------|-------------------|

Status: **Corrected**

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

### Corrections To Be Made:

**TL - Training**  
**NZ - Central Registry Check, Sex Offender Registry Check, Criminal**  
**Record Check, CPR, Training**

### Agency Action:

#### Compliance Plan

| Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|----------------------------------|-------------------------------|
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|                   |                   |
|-------------------|-------------------|
| <b>09/06/2019</b> | <b>09/04/2019</b> |
|-------------------|-------------------|

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:

**3.5 hours of training for 2018 need to be completed.**

**\*Verification of training was received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/06/2019**

Actual  
Completion  
Date:

**09/04/2019**

Status: **Corrected**

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

Corrections To Be Made:

**Need verification of current CPR certification.**

**\*Verification of current certification was received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/06/2019**

Actual  
Completion  
Date:

**08/15/2019**

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 yearly.  
Complete fire drill within next month.**

**\*A fire drill was completed on 08/09/2019. Provider will assure that four fire drills and one tornado are completed yearly going forward.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**09/06/2019**

Actual  
Completion  
Date:

**08/09/2019**

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:             |                         |
| <b>Mix solution at correct rate--daily or every other day. Bottle is labeled with incorrect rate.</b>  | <b>Compliance Plan</b>     |                         |
| <b>*Provider corrected the bottle label and will assure solution is mixed every other day at a minimum to assure solution is maintained at correct rate.</b> | Suggested Completion Date: | Actual Completion Date: |
|  | <b>08/06/2019</b>          | <b>08/12/2019</b>       |
|  | Status: <b>Corrected</b>   |                         |

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>Mix solution at correct rate--daily or every other day. Bottle is labeled with incorrect rate.</b>  | <b>Compliance Plan</b>     |                         |
| <b>*Provider corrected the bottle label and will assure solution is mixed every other day at a minimum to assure solution is maintained at correct rate.</b> | Suggested Completion Date: | Actual Completion Date: |
|  | <b>08/06/2019</b>          | <b>08/12/2019</b>       |
|  | Status: <b>Corrected</b>   |                         |

54. Are cribs and mattresses in good condition & stackable cribs are not used? 67:42:03:23

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>Verify manufacture date for crib--must be manufactured after June 28, 2011. Remove crib if manufacture date is too old.</b> | <b>Compliance Plan</b>     |                         |
| <b>*The crib was removed.</b>  | Suggested Completion Date: | Actual Completion Date: |
|  | <b>08/13/2019</b>          | <b>08/07/2019</b>       |
|  | Status: <b>Corrected</b>   |                         |

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

Corrections To Be Made:

**Need immunization records for dogs.**

**\*Verification of current immunizations was received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/20/2019**

Actual  
Completion  
Date:

**08/07/2019**

Status: **Corrected**

74. If caring for children under 4 yrs. of age, are all unused electrical wall sockets covered?  
67:42:03:11.07

Corrections To Be Made:

**Assure all unused outlets are covered.**

**\*All unused outlets were covered.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/06/2019**

Actual  
Completion  
Date:

**08/30/2019**

Status: **Corrected**

75. Is there an operating smoke detector with audible alarm located on each level of the home (regardless if level is used for care of children or not)? 67:42:03:11.02

Corrections To Be Made:

**Check smoke detector in basement--children were sleeping during inspection.**

**\*Smoke detector was verified as functional.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/06/2019**

Actual  
Completion  
Date:

**09/04/2019**

Status: **Corrected**

## **D. Health & Safety Features of the Home - Outdoor Environmental Observations**

82. Is playground equipment properly installed, in good repair, without sharp or protruding edges?  
67:42:03:17

Corrections To Be Made:

**Remove broken plastic from play equipment.**

**\*Broken plastic was removed.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**08/09/2019**

Actual  
Completion  
Date:

**08/27/2019**

Status: **Corrected**

**Trish Lensing**

Provider Signature

**09/10/2019**

Date

**Deb Bigge**

Inspector Signature

**09/10/2019**

Date