

Family Day Care Inspection Compliance Plan

Provider's Name: **Heather Frerichs**

City: **Alcester**

Provider Number: **019525325**

Inspector: **Kelly Gnat**

Date of Inspection: **10/03/2019**

Time of Inspection: **12:50 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

<p>Corrections To Be Made:</p> <p>LA - Immunization Records AP - 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;">10/31/2019</td> <td style="text-align: center;">12/03/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2019	12/03/2019
Suggested Completion Date:	Actual Completion Date:				
10/31/2019	12/03/2019				

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

<p>Corrections To Be Made:</p> <p>HF - CPR, Training</p>	<p>Agency Action:</p> <p>Corrective Action 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;">10/31/2019</td> <td style="text-align: center;">12/13/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2019	12/13/2019
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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>One additional hour is needed to meet the annual training requirements. Six hours of annual training are needed.</p> <p>***The training verification was received from the Provider for the training hour.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/31/2019</td> <td>12/03/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2019	12/03/2019
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10/31/2019	12/03/2019				

37. Does the provider have a current CPR certification? 67:42:03:07.02

<p>Corrections To Be Made:</p> <p>The Provider's CPR certification has expired. Current CPR certification is needed.</p> <p>***A corrective action plan has been implemented with the Provider until January 6, 2020 to allow the Provider additional time to obtain the CPR certification.</p>	<p>Agency Action:</p> <p>Corrective Action Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/31/2019</td> <td>12/13/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2019	12/13/2019
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D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

<p>Corrections To Be Made:</p> <p>Verification is needed for the child development class required for the orientation training.</p> <p>***A corrective action plan has been implemented with the Provider until January 6, 2020 to allow the Provider additional time to complete the child development orientation training.</p>	<p>Agency Action:</p> <p>Corrective Action Plan</p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/31/2019</td> <td>12/11/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/31/2019	12/11/2019
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Heather Frerichs
Provider Signature

10/03/2019
Date

Kelly Gnat
Inspector Signature

10/03/2019
Date