

# Family Day Care Inspection Compliance Plan

Provider's Name: **Leslie Aul-Broz**

City: **Pierre**

Provider Number: **010611185**

Inspector: **Chad Wrightson**

Date of Inspection: **05/17/2023**

Time of Inspection: **3:25 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

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

### Corrections To Be Made:

**Provider does not have current infant-toddler CPR certification.**

**Provider needs to have verification of current infant-toddler CPR certification.**

**Verification of provider having current infant-toddler CPR certification was received.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**05/31/2023**

Actual  
Completion  
Date:

**05/30/2023**

Status: **Corrected**

## 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:

**No sanitizer solution available at time of inspection. Corrected onsite.**

**The diaper changing area must be sanitized with a solution of bleach to water ratio or an approved sanitizer.**

**The provider sanitizes the diaper changing area with a solution of the appropriate bleach to water ration or uses an approved sanitizer.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**05/17/2023**

Actual  
Completion  
Date:

**05/17/2023**

Status: **Corrected Immediately**

**Leslie Aul-Broz**  
\_\_\_\_\_  
Provider Signature

**05/17/2023**  
\_\_\_\_\_  
Date

**Chad Wrightson**  
\_\_\_\_\_  
Inspector Signature

**05/17/2023**  
\_\_\_\_\_  
Date