

# Family Day Care Inspection Compliance Plan

Provider's Name: **Faith Handegard**

City: **Madison**

Provider Number: **011517234**

Inspector: **Patrick Waltman**

Date of Inspection: **02/27/2024**

Time of Inspection: **10:57 AM**

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

## B. Record Keeping/Emergency Preparedness

36. Do provider and family day care assistant 's records contain all required information? 67:42:17:15

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>FH - CPR, Training</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>03/15/2024</b></td> <td style="text-align: center;"><b>04/09/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>03/15/2024</b> | <b>04/09/2024</b> |
| Suggested Completion Date:                                      | Actual Completion Date:  |                            |                         |                   |                   |
| <b>03/15/2024</b>   | <b>04/09/2024</b>  |                            |                         |                   |                   |

41. Is there 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; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>Emergency Preparedness plan not available at time of inspection.</b></p> <p><b>There must be a written emergency preparedness and response plan in place which covers all areas required.</b></p> <p><b>Correction: Verification received that provider has a written emergency preparedness and response plan that covers all required areas.</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>03/15/2024</b></td> <td style="text-align: center;"><b>03/12/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>03/15/2024</b> | <b>03/12/2024</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>03/15/2024</b>   | <b>03/12/2024</b>  |                            |                         |                   |                   |

43. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>At time of inspection, provider did not have documentation of drills conducted in the past calendar year.</b> | <b>Compliance Plan</b>     |                         |
| <b>Provider must have documentation showing drills conducted in past calendar year.</b>                          | Suggested Completion Date: | Actual Completion Date: |
| <b>Correction: Verification received of dates that all drills were conducted in past calendar year.</b>          | <b>03/15/2024</b>          | <b>03/12/2024</b>       |
|  | Status: <b>Corrected</b>   |                         |

**Faith Handegard**  
\_\_\_\_\_  
Provider Signature

**02/27/2024**  
\_\_\_\_\_  
Date

**Patrick Waltman**  
\_\_\_\_\_  
Inspector Signature

**02/27/2024**  
\_\_\_\_\_  
Date