

# Family Day Care Inspection Compliance Plan

Provider's Name: **Donnalee Huling**

City: **Box Elder**

Provider Number: **016597784**

Inspector: **Andrea Neff**

Date of Inspection: **07/24/2023**

Time of Inspection: **9:00 AM**

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

12. Does the provider obtain written consent from each child's parent or guardian to administer all prescription and non-prescription medication? This consent should outline specific dates medication is to be given. 67:42:03:08.01

<p>Corrections To Be Made:</p> <p><b>Provider did not have written consent form from parent or guardian to administer all prescription and non-prescription medication.</b></p> <p><b>Provider will need to obtain written consent from each child's parent or guardian to administer all prescription and non-prescription medication.</b></p> <p><b>Correction: Provider received written consent from each child's parent or guardian to administer all prescription and non-prescription medication.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;"><b>08/04/2023</b></td> <td style="text-align: right;"><b>08/04/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/04/2023</b>	<b>08/04/2023</b>
Suggested Completion Date:	Actual Completion Date:				
<b>08/04/2023</b>	<b>08/04/2023</b>				

13. Does the provider document each medication given to each child? Documentation is to include dose, child's name, time and date given along with the provider or helper's signature. 67:42:03:08.01

<p>Corrections To Be Made:</p> <p><b>Provider did not have a form to document medication given for each child.</b></p> <p><b>Provider will need to create a form to use to document medication administration.</b></p> <p><b>Correction: Provider created a form to document medication administration.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: right;">Suggested Completion Date:</td> <td style="text-align: right;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: right;"><b>08/04/2023</b></td> <td style="text-align: right;"><b>08/04/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>08/04/2023</b>	<b>08/04/2023</b>
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15. Are medications stored properly? This includes being out of reach from children and in a non-absorbent container if refrigeration is required. 67:42:03:08.01

Corrections To Be Made:	Agency Action:	
<b>Medication was not stored out of the reach of children. Medication was stored in a non-absorbent container on top of the dryer.</b>	<b>Compliance Plan</b>	
<b>Provider will need to move the medication non-absorbent container to a location out of reach of children.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider immediately moved the medication container to top of the refrigerator.</b>	<b>07/24/2023</b>	<b>07/24/2023</b>
	Status: <b>Corrected Immediately</b>	

**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:	Agency Action:	
<b>EA - Immunization Records</b>	<b>Compliance Plan</b>	
<b>AB - Immunization Records</b>	Suggested Completion Date:	Actual Completion Date:
<b>RR - Immunization Records</b>	<b>08/04/2023</b>	<b>08/04/2023</b>
<b>SR - Immunization Records</b>		
<b>MS - Immunization Records</b>		
<b>CW - Immunization Records</b>		
<b>CW - Immunization Records</b>		
<b>JW - Immunization Records</b>		
	Status: <b>Corrected</b>	

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:	
<b>Provider did not have a written emergency preparedness and response plan in place.</b>	<b>Compliance Plan</b>	
<b>Provider will need to submit a written emergency preparedness and response plan to cover all areas required in 67:42:03:11.03.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider submitted a written emergency preparedness and response plan to cover all areas required in 67:42:03:11.03.</b>	<b>08/04/2023</b>	<b>08/08/2023</b>
	Status: <b>Corrected</b>	

### 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:	Agency Action:	
<b>Provider did not have an approved sanitizer for the diaper changing area.</b>	<b>Compliance Plan</b>	
<b>Provider will need to get an approved sanitizer or make the appropriate bleach to water ratio to use for sanitizing the diaper changing table.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider made the appropriate bleach to water ratio to use for sanitizing the diaper changing table.</b>	<b>08/04/2023</b>	<b>08/04/2023</b>
	Status: <b>Corrected</b>	

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:	Agency Action:	
<b>Smoke detector in the hallway near kitchen was not working.</b>	<b>Compliance Plan</b>	
<b>Provider will need to repair or replace the smoke detector in the hallway near kitchen.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider replaced the smoke detector in the hallway near kitchen.</b>	<b>08/04/2023</b>	<b>08/04/2023</b>
	Status: <b>Corrected</b>	

**Donnalee Huling**

Provider Signature

**08/10/2023**

Date

**Andrea Neff**

Inspector Signature

**08/10/2023**

Date