

# Facility Safety Inspection Fire & Life Safety / Environmental Health Licensed Day Care Programs Compliance Plan

Provider's Name: **Bright Beginnings Child Care Center LLC**

City: **Summerset**

Provider Number: **016598190**

Inspector: **Jon Farrar**

Date of Inspection: **02/25/2019**

Time of Inspection: **10:30 AM**

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

## B. ENVIRONMENTAL HEALTH

22. Does the construction of walls, ceilings, doors, window and skylights appear clean and in good repair? Does outside appearance and construction appear in good repair? 67:42:11:39

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                         |                   |                   |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------------|-------------------|--------------------------|--|
| <p>Corrections To Be Made:</p> <p><b>Some ceiling tiles are damaged from water penetration. Repair or replace the tiles. Correction: The Program replaced the tiles.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <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>03/15/2019</b></td> <td style="text-align: center;"><b>03/15/2019</b></td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table> | Suggested Completion Date: | Actual Completion Date: | <b>03/15/2019</b> | <b>03/15/2019</b> | Status: <b>Corrected</b> |  |
| Suggested Completion Date:                                                                                                                                                   | Actual Completion Date:                                                                                                                                                                                                                                                                                                                                                                             |                            |                         |                   |                   |                          |  |
| <b>03/15/2019</b>                                                                                                                                                            | <b>03/15/2019</b>                                                                                                                                                                                                                                                                                                                                                                                   |                            |                         |                   |                   |                          |  |
| Status: <b>Corrected</b>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                         |                   |                   |                          |  |

## C. FOOD SERVICE

74. Do employees wash hands after use of restroom, changing a diaper, working with soiled clothing/linens, and before handling food? 67:42:11:33

Corrections To Be Made:

**The soap dispenser should be placed at the handwashing sink rather than the food prep sink to facilitate handwashing in the correct sink. Ensure the soap dispenser is placed and always remains at the handwashing sink.**

**CORRECTION: The Program installed a wall mount dispenser.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**03/05/2019**

**03/15/2019**

Status: **Corrected**

**Rachel Hepper**

Provider Signature

**02/28/2019**

Date

**Jon Farrar**

Inspector Signature

**02/28/2019**

Date