

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Meyer**

City: **Brandon**

Provider Number: **018029181**

Inspector: **Brenda Sharkey**

Date of Inspection: **10/23/2018**

Time of Inspection: **8:33 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>One child's Record (Hannah) without med permission sheet *Permission form to be signed. *Signed form observed on 12/13/18</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/23/2018</td> <td style="text-align: center;">12/13/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/23/2018	12/13/2018
Suggested Completion Date:	Actual Completion Date:				
11/23/2018	12/13/2018				

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>CA - Emergency Permission LC - Immunization Records JE - Immunization Records CR - Immunization Records HS - Emergency Permission</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/23/2018</td> <td style="text-align: center;">12/13/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/23/2018	12/13/2018
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11/23/2018	12/13/2018				

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

Corrections To Be Made:	Agency Action:	
Documentation of current CPR to be provided. *Expiration of CPR 12/08/2020	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2018	12/13/2018
	Status: Corrected	

39. Does the provider have a written plan for prevention and response to emergencies due to food and allergic reactions? 67:42:03:13

Corrections To Be Made:	Agency Action:	
Written plan to be developed. *Item corrected	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2018	12/13/2018
	Status: Corrected	

C. Health & Safety Features of the Home - Indoor Environmental Observations

59. Is the refrigeration temperature maintained at 41 degrees or below? 67:42:03:11.08

Corrections To Be Made:	Agency Action:	
Temperature was 43 degrees. Temperature to be 41 degrees or below. *Temperature on 12/13/18 was 40 degrees.	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2018	12/13/2018
	Status: Corrected	

60. Are frozen foods kept at a temperature of 0 degrees F or below? 67:42:03:11.08

Corrections To Be Made:	Agency Action:	
Temperature was 1.8 degrees. To be 0 degrees or below. *Temperature was 0 degrees on 12/13/14.	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2018	12/13/2018
	Status: Corrected	

69. Is the hot water temperature at hand washing sinks maintained at 120 degrees or lower? 67:42:03:11.05

Corrections To Be Made:	Agency Action:	
Water temp was 130 degrees. To be no more than 120 degrees. *Hot water is 120 degrees on 12/13/18	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/23/2018	12/13/2018
	Status: Corrected	

Susan Meyer

Provider Signature

10/23/2018

Date

Brenda Sharkey

Inspector Signature

10/23/2018

Date