

# Family Day Care Inspection Compliance Plan

Provider's Name: **Abigail Klemisch**

City: **Tea**

Provider Number: **018042618**

Inspector: **Michael Czmowski**

Date of Inspection: **07/07/2020**

Time of Inspection: **2:03 PM**

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

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

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

<p>Corrections To Be Made:</p> <p><b>Hot water in restroom observed at 125.9 degrees F. Suggest adjusting water heater accordingly to ensure 120 degrees F or below.</b>  <b>*Temperature has been adjusted to 120 Degrees as of 07/15/2020</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>07/31/2020</b></td> <td style="text-align: center;"><b>07/15/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/31/2020</b>	<b>07/15/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>07/31/2020</b>	<b>07/15/2020</b>				

**Abigail Klemisch**  
\_\_\_\_\_  
Provider Signature

**07/07/2020**  
\_\_\_\_\_  
Date

**Michael Czmowski**  
\_\_\_\_\_  
Inspector Signature

**07/07/2020**  
\_\_\_\_\_  
Date