

Family Day Care Inspection Compliance Plan

Provider's Name: **Michael Turner**

City: **Harrisburg**

Provider Number: **018042793**

Inspector: **Rita Trager**

Date of Inspection: **10/31/2019**

Time of Inspection: **8:43 AM**

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

B. Record Keeping/Fire Safety & Emergency Weather Drills

32. Do provider and helper records contain all required information? 67:42:03:07.03

<p>Corrections To Be Made:</p> <p>MT - CPR, Training ST - Address & Phone Number, Three References, C A/N Report Statement</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">11/15/2019</td> <td style="text-align: right;">12/31/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/15/2019	12/31/2019
Suggested Completion Date:	Actual Completion Date:				
11/15/2019	12/31/2019				

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

<p>Corrections To Be Made:</p> <p>Documentation of six hours total training for Michael to include CPR *Documentation received on 11/28/19.</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">11/15/2019</td> <td style="text-align: right;">11/28/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/15/2019	11/28/2019
Suggested Completion Date:	Actual Completion Date:				
11/15/2019	11/28/2019				

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

Corrections To Be Made:	Agency Action:	
Documentation to be provided *Documentation received on 11/28/19	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/15/2019	11/28/2019
	Status: Corrected	

38. Do the helpers have current CPR certification? 67:42:03:07.02

Corrections To Be Made:	Agency Action:	
Documentation of Susan's CPR to be provided. *Documentation received on 11/28/19.	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/15/2019	11/28/2019
	Status: Corrected	

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
Complete one fire drill by 11/30/2019 *Documentation received on 12/31/19	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/30/2019	12/31/2019
	Status: Corrected	

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

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

<p>Corrections To Be Made:</p> <p>Freezer to be no more than 0 degrees *Temperature measured at 0 degrees on 11/28/19.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>11/15/2019</td> <td>11/28/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/15/2019	11/28/2019
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11/15/2019	11/28/2019				

72. Is there documentation showing pets have current vaccination records? 67:42:03:22

<p>Corrections To Be Made:</p> <p>Shot records for Prince *Shot records received on 11/28/19.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>11/30/2019</td> <td>11/28/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/30/2019	11/28/2019
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Michael Turner

 Provider Signature

10/31/2019

 Date

Rita Trager

 Inspector Signature

10/31/2019

 Date