

# Family Day Care Inspection Compliance Plan

Provider's Name: **Connie Lamp**

City: **Canton**

Provider Number: **017502579**

Inspector: **Brenda Sharkey**

Date of Inspection: **09/19/2018**

Time of Inspection: **11:05 AM**

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>Water temperature tested at 124 degrees. The water heater needs to be adjusted so the temperature is at 120 degrees or below.</b></p> <p><b>***The water heater has been adjusted. The hot water temperature is 118 degrees.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <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>09/20/2018</b></td> <td style="text-align: center;"><b>09/24/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/20/2018</b>	<b>09/24/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/20/2018</b>	<b>09/24/2018</b>				

**Connie Lamp**  
\_\_\_\_\_  
Provider Signature

**09/19/2018**  
\_\_\_\_\_  
Date

**Brenda Sharkey**  
\_\_\_\_\_  
Inspector Signature

**09/19/2018**  
\_\_\_\_\_  
Date