

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Once Upon A Time**

City: **Brandon**

Provider Number: **018038501**

Inspector: **Rita Trager**

Date of Inspection: **05/03/2019**

Time of Inspection: **8:06 AM**

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

## G. Record Keeping, Posting Information and Fire & Tornado Drills

39. Does the program have documentation 4 fire drills and 1 tornado drill were conducted in the past year?  
67:42:10:18

Corrections To Be Made:

**Dates of fire and tornado drill to be provided to CCS.  
\*Dates provided on 06/06/19.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**06/03/2019**

Actual  
Completion  
Date:

**06/06/2019**

Status: **Corrected**

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:

**AB - CPR, Training  
SD - Three References, C A/N Report Statement  
JF - Training  
CH - CPR, Training  
KP - CPR, Training  
PP - CPR, Training  
TT - CPR, Training**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**06/03/2019**

Actual  
Completion  
Date:

**06/06/2019**

Status: **Corrected**

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:

**EB - Immunization Records**  
**SD - Immunization Records**  
**LL - Immunization Records**  
**WL - Immunization Records**  
**RL - Immunization Records**  
**JM - Immunization Records**  
**PM - Immunization Records**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**06/03/2019**

Actual  
Completion  
Date:

**06/06/2019**

Status: **Corrected**

**Penny Polasky**

Provider Signature

**05/03/2019**

Date

**Rita Trager**

Inspector Signature

**05/03/2019**

Date