

# Family Day Care Inspection Compliance Plan

Provider's Name: **Hilary Cypher**

City: **Colton**

Provider Number: **018042285**

Inspector: **Dwight Johnson**

Date of Inspection: **10/17/2019**

Time of Inspection: **10:00 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

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

Corrections To Be Made:

**Inspected temperature of 43.7 degrees F. Hilary turned the temperature control down during the inspection.**

**\*Fridge tested at 40.5 degrees.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/24/2019**

Status: **Corrected**

Actual  
Completion  
Date:

**10/23/2019**

**Hilary Cypher**

Provider Signature

**10/17/2019**

Date

**Dwight Johnson**

Inspector Signature

**10/17/2019**

Date