Installation Management Command, G-9
Child, Youth & School Services

Comprehensive Health/Sanitation CY 19
Master Inspection Corrective Action Report (CAR) - FINAL

Installation Information

Installation: US Army Garrison Stuttgart

Inspection Dates: 10/07/2019 Thru 10/24/2019

Inspection Team Chief:

Inspection Team Members: Orlando Ruizsosa, Opal Cristine Isom

DOI Enrollment Information: CDC (0) SAC (0) FCC (0) Total Enrollment (0)

DOI Waitlist (Immediate): CDC (0) SAC (0) Total Waitlist (0)

Inspection Summary Information

Programs/Facilities Inspected:	12
Life Threatening Violations (LTV):	0
Commander Attention Item Findings (CAI):	2
Repeat Findings (RPT):	3
Mitigated Risk Findings (MRF):	0
Total Findings:	19

Recent Inspections

	Start:	End:	CAR Comp:
Multi Disciplinary Team Inspection:	04/01/2019	04/17/2019	
Comprehensive Fire/Faclity/Safety:	10/07/2019	10/24/2019	
Comprehensive Health & Sanitation:	10/07/2019		

Exception requests with measures taken to ensure life, health, safety, and well-being of children due 11/14/2019 for Findings.
Corrective Actions and supporting documentation to address Findings found in this report due by 12/23/2019.

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Inspection Statistics/Score Information

Program Name	LTV Findings	CAI Findings	Other Findings	Total Findings	Mit Risk	Fixed Other	Outstanding Findings	Total Components	Percent w/Finding	Current Score
Overarching Programs:										
US Army Garrison Stuttgart (CYSS)	0	0	0	0	0	0	0	1	0.00	100.00
Overarching Program Totals:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0.00**	**100.00**
CDC Programs:										
Kelley Child Development Center Bldg # 3352	0	0	3	3	0	3	0	145	2.07	97.70
Kelley Child Development Center Modular Bldg #	0	1	3	4	0	4	0	145	2.76	96.31
Panzer Child Development Center Bldg # 3169	0	0	2	2	0	2	0	145	1.38	99.08
Patch Child Development Center Bldg # 2347	0	0	0	0	0	0	0	145	0.00	100.00
CDC Program Totals:	**0**	**1**	**8**	**9**	**0**	**9**	**0**	**580**	**1.55**	**98.27**
FCC Programs:										
FCC Overarching Program	0	0	0	0	0	0	0	26	0.00	100.00
FCC Program Totals:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**26**	**0.00**	**100.00**
SAC Programs:										
Kelley School Age Care Bldg # 3369	0	1	2	3	0	3	0	120	2.50	98.13
Panzer School Age Care Bldg # 3163	0	0	3	3	0	3	0	120	2.50	98.13
Patch School Age Care Bldg # 2312	0	0	1	1	0	1	0	120	0.83	99.38
RB School Age Care / Youth Services(Mothership)	0	0	0	0	0	0	0	120	0.00	100.00
SAC Program Totals:	**0**	**1**	**6**	**7**	**0**	**7**	**0**	**480**	**1.46**	**98.91**
YP Programs:										
Panzer Youth Services Bldg # 3166	0	0	0	0	0	0	0	108	0.00	100.00
Patch Youth Services Bldg # 2337	0	0	1	1	0	1	0	108	0.93	99.32
RB School Age Care / Youth Services(Mothership)	0	0	2	2	0	2	0	108	1.85	98.65
YP Program Totals:	**0**	**0**	**3**	**3**	**0**	**3**	**0**	**324**	**0.93**	**99.32**
Inspection Grand Totals:	**0**	**2**	**17**	**19**	**0**	**19**	**0**	**1411**	**1.35**	**98.74**

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

CDC Program: Kelley Child Development Center

Section: Training Personnel (Criteria A.3.e)

Direct care staff/FCC providers complete annual training related to their positions.

CDC	A.3.e.9	Kelley Child Development Center Bldg # 3352	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: Caregivers/providers receive annual training in basic food safety.

Finding: Caregivers/providers did not receive annual training in basic food safety.

Finding Details: 1/3 Providers with expired food handlers. Scheduled to attend training on 21 October 2019.

Corrective Action Statement: Staff member attended Food Service Training on 24 October 2019.

Corrective Action Description: Staff member attended the scheduled Food Service Training on 24 October 2019 to maintain compliance IAW CYS training requirements.

Corrective Action Oversight: Facility Manager has direct oversight to ensure staff maintain a valid certification for all training requirements. Facility Manager and Trainer will work in accordance to ensure training requirements are met and all staff are compliant. Facility Manager will conduct monthly spot checks of staff IDPs to ensure training requirements are up to date and current.

Corrective Action Evidence:

Section: Health Documentation (Criteria A.4.a)

Child/Youth files contain the required health information.

CDC	A.4.a.1	Kelley Child Development Center Bldg # 3352	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: There is a system in place to ensure health Information in the child/youth files is reviewed and updated annually by the parents.

Repeat Finding: Child/youth files reviewed were missing the following information Health Assessment and Sports Physical Form not updated in the last 12 months.

Finding Details: 1/5 children missing required HASP related to change in condition. Repeat finding for the same child; not corrected from a previous inspection.

Corrective Action Statement: The missing documentation was the result of the enrolled child being on emergency leave and several unsuccessful attempts to have the parents update the forms. Upon return, the parents dis-enrolled the child from the program.

Corrective Action Description: Parents dis-enrolled the child from the program. Facility Manager will ensure all participants have current documentation and ongoing communication with Parent & Outreach to ensure forms are accurate.

Corrective Action Oversight: Facility Manager has direct oversight to ensure all participants have current and accurate documentation in their files. Manager will conduct spot checks of files on a monthly basis to ensure accuracy and compliance.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

CDC	A.4.a.3	Kelley Child Development Center Bldg # 3352	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/01/2019

Area of Non-Compliance: There is a system in place to ensure the child files contain documentation of up-to-date immunizations.

Finding: Child immunizations were not up-to-date.

Finding Details: 2/5 child immunizations not updated in CYMS.
1/2 - corrected on the spot.
1/2 - missing immunizations, not current.

Corrective Action Statement: Missing shots updated in CYMS.

Corrective Action Description: Documentation from missing immunizations were provided by parents and updated in CYMS. Admin Assistant will ensure documentation is current for all children's files.

Corrective Action Oversight: Facility Director will maintain direct oversight and conduct random spot checks of children's files on a monthly basis to ensure accuracy.

Corrective Action Evidence:

CDC Program: Kelley Child Development Center Modular

Section: Inspections and Oversight (Criteria B.2.a)

An unannounced comprehensive health and sanitation inspection is conducted annually.

CDC	B.2.a.13	Kelley Child Development Center Modular Bldg # 3368	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/07/2019

Area of Non-Compliance: Deficiencies identified during Health(APHN) inspections are corrected.

Repeat Finding: Deficiencies from previous Health(APHN) inspections were not corrected.

Finding Details: Repeat finding related to expired toothbrushes

Corrective Action Statement: Toothbrushes were changed out.

Corrective Action Description: Toothbrushes will be changed the first day of every 3 months. Staff will track as part of the opening/closing checklist.

Corrective Action Oversight: Facility Director will maintain overall responsibility to ensure program maintains compliance with toothbrush requirement of changing every 3 months. Facility Director and Assistant Director will conduct periodic checks every 3 months to ensure requirement is met.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: Facilities (Criteria B.6.a)

The indoor environment meets the space and operational requirements.

CDC	B.6.a.11	Kelley Child Development Center Modular Bldg # 3368	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/17/2019

Area of Non-Compliance: A space is provided for nursing mothers to breast-feed their children.

Finding: A space for nursing mothers to breast-feed their children was: not designated, not private, and in a rest room.

Finding Details: When 2 staff were questioned about a location for breast-feeding mothers, the isolation area and bathroom were two options given. Corrected information was given by director and her office is the option. Corrected on the spot.

Corrective Action Statement: Facility Director provided correct information for nursing mothers to breast-feed in the center. Finding was corrected on the spot.

Corrective Action Description: Facility Director provided the correct location within the center for nursing mothers to breast-feed their children. Staff were reminded of the exact location in the center which nursing mothers are permitted to breast-feed.

Corrective Action Oversight: Facility Director has overall direct responsibility to insure staff are aware of the correct location within the facility for nursing mothers to breast-feed. All new staff will receive the information during their onboarding process and current staff were informed of the correct location to provide to inquiring nursing mothers.

Corrective Action Evidence:

Section: HEALTH AND SANITATION (Criteria B.7.d)

Procedures to administer and store medication are established and followed.

CDC	B.7.d.9	Kelley Child Development Center Modular Bldg # 3368	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/08/2019

Area of Non-Compliance: Basic care topical care items are administered according to policy.

Finding: Basic external topical care items were: in program without parental permission slip.

Finding Details: One basic care item present without a basic care form.

Corrective Action Statement: Parent completed the Basic Care Item form for items in question.

Corrective Action Description: Staff had parent complete the Basic Care Item form for those items identified during the inspection as not containing the correct documentation.

Corrective Action Oversight: Facility Director has direct oversight responsibility to ensure program is in compliance with correct and up to date documentation. Facility Director will conduct random quarterly spot checks to ensure Basic Care Item forms are current.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: HEALTH AND SANITATION (Criteria B.7.e)

Procedures to clean and sanitize equipment and materials are established.

CDC	B.7.e.8	Kelley Child Development Center Modular Bldg # 3368	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/07/2019

Area of Non-Compliance: Toothbrushes are stored in a sanitary manner.

Repeat Finding: Toothbrushes: were not replaced after 3 months.

Finding Details: Toothbrushes not replaced after 3 months. Repeat finding.

Corrective Action Statement: Toothbrushes were changed out.

Corrective Action Description: Toothbrushes will be changed the first day of every 3 months. Staff will track as part of the opening/closing checklist.

Corrective Action Oversight: Facility Director will maintain overall responsibility to ensure program maintains compliance with toothbrush requirement of changing every 3 months. Facility Director and Assistant Director will conduct periodic checks every 3 months to ensure requirement is met.

Corrective Action Evidence:

CDC Program: Panzer Child Development Center

Section: Inclusion (Criteria B.4.a)

Guidance and operating procedures are established and practiced to provide services to children/youth with special needs

CDC	B.4.a.3	Panzer Child Development Center Bldg # 3169	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/11/2019

Area of Non-Compliance: The program accommodates children/youth with special needs based upon the written recommendations of the Multi-Disciplinary Inclusion Action Team (MIAT).

Finding: Written recommendations of the Multi-Disciplinary Inclusion Action Team: were not in the child file.

Finding Details: 1/9 children missing current MIAT paperwork.

Corrective Action Statement: Updated MIAT documentation for child's file.

Corrective Action Description: MIAT documentation for child is identified as administrative and was updated in the child's file. All documentation is current and up to date.

Corrective Action Oversight: Facility Director has responsibility to ensure the Administrative Assistants have all documentation updated and current in child's files. Facility Director will conduct monthly random spot checks to ensure all documentation is current and updated in the files.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: HEALTH AND SANITATION (Criteria B.7.d)

Procedures to administer and store medication are established and followed.

CDC	B.7.d.9	Panzer Child Development Center Bldg # 3169	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/11/2019

Area of Non-Compliance: Basic care topical care items are administered according to policy.

Finding: Basic external topical care items were: not labeled with child/youth first and last name.

Finding Details: Basic care item missing child's name.

Corrective Action Statement: Child's first and last name was included on basic care items.

Corrective Action Description: Staff added the child's first and last name on the basic care item. This finding was corrected on the spot the day of the inspection.

Corrective Action Oversight: Facility Director has oversight responsibility to ensure all deficiencies identified are corrected and processes are in place to prevent further findings. Facility Director will conduct random monthly spot checks to ensure Administrative Support Staff and Lead CYPAs have all basic care items identified with first and last name of child.

Corrective Action Evidence:

SAC Program: Kelley School Age Care

Section: Inspections and Oversight (Criteria B.2.a)

An unannounced Multi-Disciplinary Team Inspection (MDTI) is conducted annually and deficiencies are corrected.

SAC	B.2.a.8	Kelley School Age Care Bldg # 3369	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: Health and sanitation findings identified during the Multi-Disciplinary Team Inspection remain corrected.

Finding: Health and sanitation findings identified during the Multi-Disciplinary Team Inspection were: not corrected.

Finding Details: Last bleach solution test documented 8/19/2019.

Corrective Action Statement: Bleach solution documentation was updated to reflect accuracy.

Corrective Action Description: A new bleach solution chart was made and documented to reflect accurate testing when the bleach solution is prepared.

Corrective Action Oversight: Facility Direct has direct responsibility to ensure chart is completed weekly for accuracy. Facility Director will initial off upon checking the weekly chart.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: Inclusion (Criteria B.4.a)

Guidance and operating procedures are established and practiced to provide services to children/youth with special needs

SAC	B.4.a.3	Kelley School Age Care Bldg # 3369	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/05/2019

Area of Non-Compliance: The program accommodates children/youth with special needs based upon the written recommendations of the Multi-Disciplinary Inclusion Action Team (MIAT).

Finding: Written recommendations of the Multi-Disciplinary Inclusion Action Team: were not in the child file.

Finding Details: Missing MIAT paperwork or contained expired paperwork.

Corrective Action Statement: Missing MIAT paperwork was updated in the child's file.

Corrective Action Description: Missing MIAT paperwork was updated by doctor and APHN and placed in child's file to ensure 100% accuracy for all child files.

Corrective Action Oversight: Facility Director will maintain direct oversight to ensure program is compliant with the requirements for all the child files. Director will conduct random monthly spot checks of child files to ensure accuracy.

Corrective Action Evidence:

Section: HEALTH AND SANITATION (Criteria B.7.h)

Facilities will maintain healthy safe pets and non-hazardous plants

SAC	B.7.h.7	Kelley School Age Care Bldg # 3369	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: A list with photos of authorized and unauthorized plants is maintained at the facility.

Finding: A list of authorized and unauthorized plants is not maintained at the program.

Finding Details: On day of the inspection, there was not a list of authorized and unauthorized plants maintained at the program.

Corrective Action Statement: A list of authorized and unauthorized plants was printed and placed in the program.

Corrective Action Description: A list of authorized and unauthorized plants was printed and placed on the wall for staff and patrons to identify all plants listed.

Corrective Action Oversight: Facility Director has overall responsibility to ensure program maintains compliance with this requirement. Director will have ongoing communication with CYS Nurse and APHN for any change in requirements for identifying certain plants. Quarterly spot checks will be conducted to ensure program remains IAW requirements.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

SAC Program: Panzer School Age Care

Section: Inclusion (Criteria B.4.a)

Guidance and operating procedures are established and practiced to provide services to children/youth with special needs

SAC	B.4.a.3	Panzer School Age Care Bldg # 3163	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	12/03/2019

Area of Non-Compliance: The program accommodates children/youth with special needs based upon the written recommendations of the Multi-Disciplinary Inclusion Action Team (MIAT).

Finding: Written recommendations of the Multi-Disciplinary Inclusion Action Team: were not in the child file and did not contain MIAT meeting minutes dated prior to start date of child/youth in the program.

Finding Details: 1/6 children missing MIAT paperwork. (MIAT meeting scheduled for 16 Oct 2019. Process recently implemented by MIAT to help ensure children are not in the center without clearance from team and all paperwork is present.)

Corrective Action Statement: MIAT paperwork was updated and placed in child's file.

Corrective Action Description: MIAT paperwork was requested from APHN to ensure accuracy and correctness. Updated MIAT documentation was placed in child's file.

Corrective Action Oversight: Facility Director has oversight responsibility to ensure all child's files are current and updated with MIAT documentation. Director, Assistant Director along with Administrative staff will ensure compliance by monitoring the child's files on a continual basis. The process is to ensure files are tracked within a 60 day and 30 day timeframe for accuracy.

Corrective Action Evidence:

Section: Home Inspection Requirements: Program Policies and Procedures (Criteria B.7.b)

Custodial services are provided for all spaces and content within the program.

SAC	B.7.b.6	Panzer School Age Care Bldg # 3163	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: Drinking fountains are cleaned and disinfected daily. Ensure sufficient water flow to prevent cross-contamination.

Finding: Drinking fountains: are not free from debris and mineral build-up.

Finding Details: Water fountain needs to be cleaned and sanitized.

Corrective Action Statement: Staff cleaned and sanitized the water fountain to remove any mineral build-up.

Corrective Action Description: Management staff addressed cleanliness of water fountain with contracted cleaning personnel to review contract obligations, requirements and convey expectations. Daily fountain check was added to the open/closing checklist.

Corrective Action Oversight: Facility Director has oversight responsibility to ensure all identified deficiencies are corrected and compliant. Facility Director will conduct random periodic checks of the opening/closing checklist to ensure deficiencies are identified and addressed. Assistant Director along with opening/closing staff will check

Corrective Action Evidence: Panzer SAC Open/Closing Checklist & Water Fountain

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: HEALTH AND SANITATION (Criteria B.7.e)

Procedures to clean and sanitize equipment and materials are established.

SAC	B.7.e.1	Panzer School Age Care Bldg # 3163	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/24/2019

Area of Non-Compliance: Cleaning, sanitizing, and disinfecting solutions are prepared and labeled according to Service specific policy.

Finding: Cleaning, sanitizing, and disinfecting solutions were not properly labeled.

Finding Details: Bleach solution in dining/activity area labeled 600 ppm. Bottle relabeled, remade, and retested. Corrected on the spot.

Corrective Action Statement: Bleach solution bottle was relabeled, remade and retested on the day of the inspection. Corrected on the spot.

Corrective Action Description: A new label was made with the same dilutions per page, instead of multiple PPMs; thus reducing the chance of error. The label was placed on the bleach bottle with new solution made and retested for accuracy. Facility Director, Assistant Director and all open/closing staff will have a responsibility to ensure compliance by monitoring the bleach bottles daily.

Corrective Action Oversight: Facility Director has oversight responsibility to ensure bleach bottles are correctly labeled with accurate strength. Director will conduct random weekly checks to ensure bleach bottles are in compliance with requirements.

Corrective Action Evidence: Bleach Bottle Labels

SAC Program: Patch School Age Care

Section: Health Documentation (Criteria A.4.a)

Child/Youth files contain the required health information.

SAC	A.4.a.3	Patch School Age Care Bldg # 2312	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected:	11/25/2019

Area of Non-Compliance: There is a system in place to ensure the child files contain documentation of up-to-date immunizations.

Finding: Immunizations of child not enrolled in public school system were not up-to-date and were not documented in the file.

Finding Details: 2 of 11 children with immunizations were not updated in CYMS or in file.

Corrective Action Statement: A 100% review of all child files of children not in the public school system was audited, due to the fact that the children's files in question were not identified.

Corrective Action Description: A 100% review of all child files of children not in the public school system was audited, due to the fact that the children's files in question were not identified.

Corrective Action Oversight: Facility Managers and Administrative staff are responsible for ensuring immunizations are turned in and uploaded in CYMS by their prescribed times. Facility Director will conduct random spot checks on a monthly basis to maintain accuracy of files and current documentation.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

YP Program: Patch Youth Services

Section: HEALTH AND SANITATION (Criteria B.7.e)

Procedures to clean and sanitize equipment and materials are established.

YP	B.7.e.1	Patch Youth Services Bldg # 2337	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/17/2019

Area of Non-Compliance: Cleaning, sanitizing, and disinfecting solutions are prepared and labeled according to Service specific policy.

Finding: Cleaning, sanitizing, and disinfecting solutions were not properly labeled.

Finding Details: Wrong solution on label. Corrected on the spot and remade.

Corrective Action Statement: Replaced incorrect label with correct label that reads "Sanitize" 100-200 PPM.

Corrective Action Description: Bleach bottles ready and test bleach solution with test strip is annotated on daily kitchen checklist.

Corrective Action Oversight: Cook or staff assigned to the kitchen are responsible to ensure procedure is followed and checklist is completed. Facility Director has direct oversight responsibility to ensure compliance and will conduct a random spot check on a monthly basis to ensure checklist has been completed and accurate labels are placed on bleach bottles.

Corrective Action Evidence: Bleach Bottle Label

YP Program: RB School Age Care / Youth Services

Section: Inclusion (Criteria B.4.a)

Guidance and operating procedures are established and practiced to provide services to children/youth with special needs

YP	B.4.a.3	RB School Age Care / Youth Services Bldg # 151	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	11/01/2019

Area of Non-Compliance: The program accommodates children/youth with special needs based upon the written recommendations of the Multi-Disciplinary Inclusion Action Team (MIAT).

Finding: Written recommendations of the Multi-Disciplinary Inclusion Action Team: were not in the child file.

Finding Details: 1/3 children missing HST-3
1/3 children missing SDS. Corrected on the spot.

Corrective Action Statement:
1. HST-3 form was signed by APHN on 11/1/2019.
2. Missing SDS was corrected on the spot on 10/16/2019.

Corrective Action Description:
1. Facility Manager re-emailed original HST email (10/17/2019) to Parent Central Services on 11/01/2019. HST-3 form was signed by APHN on 11/01/2019.
2. Missing SDS was corrected on the spot on 10/16/2019.

Corrective Action Oversight: Management and Administrative staff are responsible to ensure compliance by checking files on a monthly basis in CYMS. Facility Director will conduct random monthly spot checks to ensure compliance and accuracy of files.

Corrective Action Evidence:

Comprehensive Health/Sanitation CY 19

Master Inspection Corrective Action Report (CAR) - FINAL

Finding Details (Standard Components)

Section: Home Inspection Requirements: Program Policies and Procedures (Criteria B.7.b)
Custodial services are provided for all spaces and content within the program.

YP	B.7.b.6	RB School Age Care / Youth Services Bldg # 151	Opal Cristine Isom	Met: Garrison Action Approved	Corrected:	10/17/2019

Area of Non-Compliance: Drinking fountains are cleaned and disinfected daily. Ensure sufficient water flow to prevent cross-contamination.

Finding: Drinking fountains: are not free from debris and mineral build-up.

Finding Details: Water fountain has some mineral deposits. Does not look clean.

Corrective Action Statement: Water fountain was cleaned on 10/17/2019.

Corrective Action Description: Facility Director thoroughly cleaned and scrubbed the mineral build-up from the water fountain on 10/17/2019. Facility Director also coordinated with facility cleaning personnel to ensure the fountain is cleaned twice a day.

Corrective Action Oversight: Facility Manager and Assistant Manager are responsible to ensure compliance by checking the cleanliness of the drinking fountain on a daily basis and informing custodial staff of any issues. Any deficiencies will be annotated on the facility open/closing checklist.

Corrective Action Evidence: Water Fountain