

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kally Wilson**

City: **Gregory**

Provider Number: **010611391**

Inspector: **Christina Lusk**

Date of Inspection: **03/02/2018**

Time of Inspection: **12:50 PM**

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

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p><b>RB - Emergency Contact</b>  <b>WH - Immunization Records</b>  <b>LK - Immunization Records</b>  <b>IM - Emergency Contact, Immunization Records</b>  <b>MM - Emergency Contact, Immunization Records</b>  <b>IS - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>03/19/2018</b></td> <td style="text-align: right;"><b>03/20/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/19/2018</b>	<b>03/20/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/19/2018</b>	<b>03/20/2018</b>				

40. Does the provider have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations, accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:03:11.03

<p>Corrections To Be Made:</p> <p><b>Provider is to establish an emergency preparedness plan.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>03/09/2018</b></td> <td style="text-align: right;"><b>03/09/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/09/2018</b>	<b>03/09/2018</b>
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<b>03/09/2018</b>	<b>03/09/2018</b>				

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

61. Is there a fully charged, portable fire extinguisher, with minimum 2A rating, kept near the food prep area? 67:42:03:11.02

<p>Corrections To Be Made:</p> <p><b>Provider is to purchase a 2A rated fire extinguisher and store it near the food prep area.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>03/07/2018</b></td> <td><b>03/09/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/07/2018</b>	<b>03/09/2018</b>
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<b>03/07/2018</b>	<b>03/09/2018</b>				

75. Is there an operating smoke detector with audible alarm located on each level of the home (regardless if level is used for care of children or not)? 67:42:03:11.02

<p>Corrections To Be Made:</p> <p><b>Provider is to purchase and install a smoke detector in the basement of the home.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>03/07/2018</b></td> <td><b>03/09/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/07/2018</b>	<b>03/09/2018</b>
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**Kally Wilson**

Provider Signature

**03/02/2018**

Date

**Christina Lusk**

Inspector Signature

**03/02/2018**

Date