

# Family Day Care Inspection Compliance Plan

Provider's Name: **Barbara K. Mead**

City: **Tea**

Provider Number: **018042863**

Inspector: **Rita Trager**

Date of Inspection: **05/29/2018**

Time of Inspection: **8:41 AM**

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>AL - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission, Immunization Records</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>06/15/2018</b></td> <td style="text-align: center;"><b>06/15/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/15/2018</b>	<b>06/15/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/15/2018</b>	<b>06/15/2018</b>				

39. Does the provider have a written plan for prevention and response to emergencies due to food and allergic reactions? 67:42:03:13

<p>Corrections To Be Made:</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>06/15/2018</b></td> <td style="text-align: center;"><b>06/15/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/15/2018</b>	<b>06/15/2018</b>
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<b>06/15/2018</b>	<b>06/15/2018</b>				

42. Does the provider have documentation showing four fire drills and one tornado drill was conducted in the past year? 67:42:03:11.03

Corrections To Be Made:	Agency Action:	
<b>Complete and document one tornado drill by 06/15/2018</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>06/15/2018</b>	<b>06/15/2018</b>
	Status: <b>Corrected</b>	

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

45. Is the home clean, organized, free of litter & rubbish? 67:42:03:12

Corrections To Be Made:	Agency Action:	
<b>Clean interior of microwave.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/31/2018</b>	<b>06/15/2018</b>
	Status: <b>Corrected</b>	

51. Does the provider sanitize the diaper change area with a solution of the appropriate bleach to water ratio or use an approved sanitizer? 67:42:03:12

Corrections To Be Made:	Agency Action:	
<b>Bleach water solution to be used to clean diaper changing pad.</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>06/15/2018</b>	<b>06/15/2018</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:

**Replace 2A fire extinguisher**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**06/15/2018**

**06/15/2018**

Status: **Corrected**

**Barb Mead**

Provider Signature

**05/29/2018**

Date

**Rita Trager**

Inspector Signature

**05/29/2018**

Date