

Provider required to post this report.

## Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Falcon's Nest Daycare**

City: **Mission**

Provider Number: **016597751**

Inspector: **Russ Lauritsen**

Date of Inspection: **09/03/2024**

Time of Inspection: **2:57 PM**

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

### A. Fire and Life Safety

17. Are exit signs provided over each exit, and where necessary to identify a change in the direction of egress travel? 61:15:05:05; 61:15:06:05

NOTE: Exit signs must be interior or exterior illuminated or self-luminous.

<p>Corrections To Be Made:</p> <p><b>Program did not have any exit signs installed at time of inspection. The exit signs will be purchased and installed before opening.</b></p> <p><b>Program will need to install exit signs over each exit, and where necessary to identify a change in the direction of egress travel. Exit signs must be illuminated or self-luminous.</b></p> <p><b>Correction: Program purchased and installed exit signs that are self-luminous meeting the UL924 Code.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/01/2024</td> <td>10/24/2024</td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	10/01/2024	10/24/2024	Status: <b>Corrected</b>	
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10/01/2024	10/24/2024						
Status: <b>Corrected</b>							

### B. Environmental Health

59. For a center program, is the outdoor play area enclosed with a fence that is at least 48" high? 67:42:17:35

<p>Corrections To Be Made:</p> <p><b>Program does not have a fence around the outdoor play area.</b></p> <p><b>Center programs need to have a fence around the outdoor play area that is at least 48" high.</b></p> <p><b>Program has requested additional time to complete the installation of the fence.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>05/31/2025</td> <td>04/15/2025</td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	05/31/2025	04/15/2025	Status: <b>Corrected</b>	
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Status: <b>Corrected</b>							



Provider Signature

**Bobbie Cox**

Name

**09/03/2024**

Date



Inspector Signature

**Russ Lauritsen**

Name

**09/03/2024**

Date