

# Facility Safety Inspection Fire & Life Safety / Environmental Health Licensed Day Care Programs Compliance Plan

Provider's Name: **Dupree YMCA Childcare**

City: **Dupree**

Provider Number: **014512584**

Inspector: **Chad Wrightson**

Date of Inspection: **08/01/2022**

Time of Inspection: **10:58 AM**

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

14. NEW PROGRAMS: Are all requirements identified in the floor plan review letter issued by the Fire Marshall's Office completed? Does facility layout match the approved floor plan? 67:42:10:18

|  |  |                            |                         |                   |                   |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>It is noted on the review letter that the smoke detectors need to be replaced if there are more than 10 years old from the manufacturing date. The detectors are original to the building from when it was licensed in 2004.</b></p> <p><b>The smoke detectors need to be replaced.</b></p> <p><b>Work was completed/detectors were replaced.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>08/12/2022</b></td> <td><b>08/15/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>08/12/2022</b> | <b>08/15/2022</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>08/12/2022</b>  | <b>08/15/2022</b>  |                            |                         |                   |                   |

## B. ENVIRONMENTAL HEALTH

43. Is the heating and cooling system maintained and inspected annually? 67:42:11:12

|  |  |
|--|--|
| <p>Corrections To Be Made:</p> <p><b>No documentation of a heating and cooling inspection completed within the last year was available.</b></p> <p><b>A heating and cooling inspection needs to be completed.</b></p> <p><b>An inspection of the heating and cooling system was completed.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>08/12/2022</b></p> <p>Actual Completion Date: <b>08/16/2022</b></p> <p>Status: <b>Corrected</b></p> |
|--|--|

52. Is there an operating telephone at the facility? 67:42:16:18

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|--|--|
| <p>Corrections To Be Made:</p> <p><b>The center did not have an operating phone at the time of inspection.</b></p> <p><b>An operating phone is needed at the facility.</b></p> <p><b>Work was completed/the facility has an operating telephone.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>08/12/2022</b></p> <p>Actual Completion Date: <b>08/01/2022</b></p> <p>Status: <b>Corrected</b></p> |
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**Kimberly Turney**  
 \_\_\_\_\_  
 Provider Signature

**08/01/2022**  
 \_\_\_\_\_  
 Date

**Chad Wrightson**  
 \_\_\_\_\_  
 Inspector Signature

**08/01/2022**  
 \_\_\_\_\_  
 Date