

**VIOLATION NOTICE**

Facility Name Futrell, Tammy Elaine  
 Facility Number 1105248

Inspection Date 4.19.04  
 Findings Review Date 4.19.04

Inspect. Type: Initial  **Renewal**  Monitoring  Complaint  Train/Consult  Other  **Announced**  Unannounced

STANDARD NUMBER	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION TO BE TAKEN (Preventative actions & Staff Responsibilities)	DATE TO BE CORRECTED
22VAC40-11 0-90	provider has completed 3 hours of training. However, her daughter, who works as her assistant does not have any training hours at this time.	will get required trainging hours for daughter. <b>No</b>	4/19/04
22VAC40-11 0-370	provider used a wood burning stove this winter as a primary sorce of heat. However, a chiminey sweep report was not available today.	Will get a chimney sweep inspection <b>No</b>	4/30/04
22VAC40-11 0-970	Children did not wash their hands prior to eating breakfast.	Will remember to have children wash hands prior to all meals and snacks. <b>NO</b>	4/30/04
22VAC40-11 0-1350	1 child enrolled does not have any record and has been enrolled since 4.13.04	will request information from parent ✓	4/19/04
22VAC40-11 0-1360-1-c	one child does not have the hours which his parents works on file	will request from parents ✓	4/19/04
22VAC40-11 0-1360-1-e	2 children do not have complete emergency contact information on file	Will request information from parents ✓	4/19/04
22VAC40-11 0-1360-1-f	one child does not have information regarding who may pick up or visit the child while in care	will request information from parents ✓	4/19/04
22VAC40-11 0-1360-1-j	2 children do not have physical information on file 1 of the 2 children does not have immunization information	Will request information from parents <b>No</b>	4/19/04
22VAC40-11 0-1360-3-a	1 child's enrollement form not signed by parent	Will request signature from parent	4/19/04

I agree that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations.

Facility representative wants further discussion of the findings, a conference with the licensing inspector and his supervisor.

[Signature] Inspector Signature

[Signature] Facility/Program Representative Signature