

# Facility Safety Inspection Fire & Life Safety / Environmental Health Before & After School Center - School Location Compliance Plan

Provider's Name: **Britton-Hecla School District  
OST Program**

City: **Britton**

Provider Number: **010501768**

Inspector: **Eric Janke**

Date of Inspection: **09/04/2018**

Time of Inspection: **3:30 PM**

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

## C. FOOD SERVICE

49. Do children wash their hands before and after meals, and after using the restroom? 67:42:11:33

|   |   |                                  |                               |                   |                   |                          |  |
|---|---|----------------------------------|-------------------------------|-------------------|-------------------|--------------------------|--|
| <p>Corrections To Be Made:</p> <p><b>Children did not wash hands after observed snack time during inspection. Staff need to ensure children are washing their hands after snack. Staff are monitoring to ensure children are washing their hands after snack.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested<br/>Completion<br/>Date:</td> <td>Actual<br/>Completion<br/>Date:</td> </tr> <tr> <td style="padding-right: 20px;"><b>09/05/2018</b></td> <td><b>09/14/2018</b></td> </tr> <tr> <td colspan="2">Status: <b>Corrected</b></td> </tr> </table> | Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: | <b>09/05/2018</b> | <b>09/14/2018</b> | Status: <b>Corrected</b> |  |
| Suggested<br>Completion<br>Date:  | Actual<br>Completion<br>Date:   |                                  |                               |                   |                   |                          |  |
| <b>09/05/2018</b>   | <b>09/14/2018</b>   |                                  |                               |                   |                   |                          |  |
| Status: <b>Corrected</b>  |   |                                  |                               |                   |                   |                          |  |

**Carol Beck**

Provider Signature

**09/04/2018**

Date

**Eric Janke**

Inspector Signature

**09/04/2018**

Date