

# Facility Safety Inspection

## Fire & Life Safety / Environmental Health

### Before & After School Center - School Location

### Compliance Plan

Provider's Name: **SDSU OST Program**

City: **Brookings**

Provider Number: **011515519**

Inspector: **Charles Schmidt**

Date of Inspection: **10/22/2020**

Time of Inspection: **7:45 AM**

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

## B. ENVIRONMENTAL HEALTH

23. Is the inside and outside of the facility free of other hazardous conditions? 67:42:11:15

Corrections To Be Made:

**Ensure emergency lighting in corridors is in operable condition.**

.....  
**Emergency lights have been fixed to be in operable condition.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**10/31/2020**

Actual  
Completion  
Date:

**11/05/2020**

Status: **Corrected**

**Laura Gloege**

Provider Signature

**10/22/2020**

Date

**Charles Schmidt**

Inspector Signature

**10/22/2020**

Date