

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

Provider's Name: **Childrens Castle**

City: **Pierre**

Provider Number: **015507510**

Inspector: **Brenda Sharkey**

Date of Inspection: **09/11/2019**

Time of Inspection: **9:11 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

11. Are exit signs provided over each exit, and where necessary to identify a change in the direction of egress travel? 61:15:05:05 NOTE: Exit signs must be interior or exterior illuminated or self-luminous.

<p>Corrections To Be Made:</p> <p><b>Exit signs in basement are not self-luminous or illuminated. Exit signed must be illuminated.</b></p> <p><b>*New exit signs were purchased and installed in the basement. A picture was sent to CCS as verification.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/18/2019</b></td> <td style="text-align: center;"><b>10/01/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/18/2019</b>	<b>10/01/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/18/2019</b>	<b>10/01/2019</b>				

**Lisa Blake**

Provider Signature

**09/11/2019**

Date

**Brenda Sharkey**

Inspector Signature

**09/11/2019**

Date