

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

Provider's Name: **Kids Inc. - Laura B. Anderson**      City: **Sioux Falls**      Provider Number: **018036423**  
 Inspector: **Lara Kvale**      Date of Inspection: **02/27/2018**      Time of Inspection: **4:04 PM**

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

## B. ENVIRONMENTAL HEALTH

12. In areas where care is provided, are walls, ceilings, doors, windows and skylights in good repair?  
67:42:11:39

<p>Corrections To Be Made:</p> <p><b>There are leaks in the ceiling in the boy's restroom and in the kitchen (no food is being damaged). Ceiling tiles are wet and need to be replaced after the leaks are fixed.</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>03/27/2018</b></td> <td style="text-align: center;"><b>04/13/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>03/27/2018</b>	<b>04/13/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>03/27/2018</b>	<b>04/13/2018</b>				

**Kathy Donaldson**  
\_\_\_\_\_  
Provider Signature

**02/27/2018**  
\_\_\_\_\_  
Date

**Lara Kvale**  
\_\_\_\_\_  
Inspector Signature

**02/27/2018**  
\_\_\_\_\_  
Date