

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

Provider's Name: **Good Shepherd Early
Childhood**

City: **Sioux Falls**

Provider Number: **018042612**

Inspector: **Dwight Johnson**

Date of Inspection: **06/01/2020**

Time of Inspection: **3:00 PM**

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

B. ENVIRONMENTAL HEALTH

50. Is the heating and cooling system maintained and inspected annually? 67:42:11:12

Corrections To Be Made:

**Documentation of HVAC system to be provided.
*Documentation received on 06/02/2020.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

07/01/2020

Actual
Completion
Date:

06/02/2020

Status: **Corrected**

Erin Ellingson

Provider Signature

06/01/2020

Date

Dwight Johnson

Inspector Signature

06/01/2020

Date