

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Kid's World Learning Center**

City: **Brookings**

Provider Number: **011512327**

Inspector: **Charles Schmidt**

Date of Inspection: **05/18/2023**

Time of Inspection: **9:38 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

10. If providing care for children under 5 years of age, are there self-closing, or tamper resistant childproof electrical covers on all outlets? 67:42:11:10

<p>Corrections To Be Made:</p> <p><b>Power strip in Little League room not protected from tampering.</b></p> <p><b>Correction: Verification received that power strip has been replaced with self-closing covers.</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>05/31/2023</b></td> <td style="text-align: center;"><b>05/23/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/31/2023</b>	<b>05/23/2023</b>
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<b>05/31/2023</b>	<b>05/23/2023</b>				

## C. FOOD SERVICE

92. Is tableware washed, rinsed and sanitized after each use? 67:42:11:07

<p>Corrections To Be Made:</p> <p><b>Dishwasher indicating Low Rinse Temperature Code. Service technician has been contacted.</b></p> <p><b>Correction: Verification received that dishwasher issue has been repaired.</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>05/31/2023</b></td> <td style="text-align: center;"><b>05/23/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/31/2023</b>	<b>05/23/2023</b>
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Provider Signature

**05/18/2023**  
\_\_\_\_\_  
Date

**Charles Schmidt**  
\_\_\_\_\_  
Inspector Signature

**05/18/2023**  
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Date