

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

Provider's Name: **Unki Takoja Oti Daycare Center**      City: **Eagle Butte**

Provider Number: **015401867**

Inspector: **Chad Wrightson**      Date of Inspection: **09/05/2023**

Time of Inspection: **3:43 PM**

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

## B. Environmental Health

48. Is the heating and cooling system maintained and inspected annually by a certified technician?  
67:42:17:32

<p>Corrections To Be Made:</p> <p><b>There was no documentation of annual inspections of gas heating system and gas water heater at time of inspection.</b></p> <p><b>The heating and cooling system needs to be inspected annually by a certified technician.</b></p> <p><b>Correction: The heating and cooling system and water heater were inspected by a certified technician.</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>09/30/2023</b></td> <td style="text-align: center;"><b>09/28/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/30/2023</b>	<b>09/28/2023</b>
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<b>09/30/2023</b>	<b>09/28/2023</b>				

**Candace HolowHorn**  
\_\_\_\_\_  
Provider Signature

**09/05/2023**  
\_\_\_\_\_  
Date

**Chad Wrightson**  
\_\_\_\_\_  
Inspector Signature

**09/05/2023**  
\_\_\_\_\_  
Date