

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **CUSTER YMCA CHILD DEVELOPMENT CENTER**

City: **Custer**

Provider Number: **016598760**

Inspector: **Meredith Schrier**

Date of Inspection: **01/11/2023**

Time of Inspection: **11:32 AM**

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

B. ENVIRONMENTAL HEALTH

41. Is each bathroom provided with natural or mechanical ventilation? 67:42:11:06

<p>Corrections To Be Made:</p> <p>Bathroom ventilation is not working.</p> <p>Each bathroom must have natural or mechanical ventilation.</p> <p>*A Letter of Notification was issued to allow the program additional time to replace/repair the mechanical ventilation in the bathrooms.</p>	<p>Agency Action:</p> <p>Letter of Notification</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;">05/15/2023</td> <td style="text-align: center;">05/08/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	05/15/2023	05/08/2023
Suggested Completion Date:	Actual Completion Date:				
05/15/2023	05/08/2023				

Erica Van Horn

Provider Signature

01/11/2023

Date

Meredith Schrier

Inspector Signature

01/11/2023

Date