

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

Provider's Name: **Pine Ridge Learning Center**      City: **Pine Ridge**      Provider Number: **016599296**  
 Inspector: **Ann Marie Sailer**      Date of Inspection: **07/13/2022**      Time of Inspection: **10:55 AM**

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

## B. ENVIRONMENTAL HEALTH

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

<p>Corrections To Be Made:</p> <p><b>Furnace needs to have an annual inspection. Heating and cooling system must be inspected on a yearly basis.</b></p> <p><b>*Verification of the heating and cooling system was observed by OLA&gt;</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>07/22/2022</b></td> <td style="text-align: center;"><b>08/19/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/22/2022</b>	<b>08/19/2022</b>
Suggested Completion Date:	Actual Completion Date:				
<b>07/22/2022</b>	<b>08/19/2022</b>				

**Ferris White Bull**  
\_\_\_\_\_  
Provider Signature

**08/01/2022**  
\_\_\_\_\_  
Date

**Ann Marie Sailer**  
\_\_\_\_\_  
Inspector Signature

**08/01/2022**  
\_\_\_\_\_  
Date