

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

Provider's Name: **Truks-N-Trykes @ Copper Creek**

City: **Sioux Falls**

Provider Number: **018043226**

Inspector: **Sarah Boese**

Date of Inspection: **08/12/2024**

Time of Inspection: **10:46 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

17. Are exit signs provided over each exit, and where necessary to identify a change in the direction of egress travel? 61:15:05:05; 61:15:06:05 NOTE: Exit signs must be interior or exterior illuminated or self-luminous.

### Corrections To Be Made:

**The back door exit sign (Facing south - leading to outside play area) does not illuminate when tested.**

**Exit signs must be interior or exterior illuminated or self-luminous.**

**Correction: All exit signs illuminate.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**08/19/2024**

Actual  
Completion  
Date:

**08/16/2024**

Status: **Corrected**

23. Is there a carbon monoxide detector installed according to the manufacturer's directions if there is a furnace or appliances utilizing fossil fuels such as propane, natural, gas, etc.? 61:15:01:01

### Corrections To Be Made:

**At the time of the inspection, there was no carbon monoxide detector installed.**

**There is to be a carbon monoxide detector installed according to the manufacturer's directions if there is a furnace or appliances utilizing fossil fuels such as propane, natural, gas, etc.**

**Correction: A Carbon monoxide detector was installed.**

### Agency Action:

#### Compliance Plan

Suggested  
Completion  
Date:

**08/19/2024**

Actual  
Completion  
Date:

**08/16/2024**

Status: **Corrected**

**B. Environmental Health**

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

|                                                                                                             |                            |                         |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:                                                                                     | Agency Action:             |                         |
| <b>The program was unable to locate documentation of annual inspection of heating and cooling system.</b>   | <b>Compliance Plan</b>     |                         |
| <b>The heating and cooling system is to be maintained and inspected annually by a certified technician.</b> | Suggested Completion Date: | Actual Completion Date: |
| <b>Correction: Documentation of annual inspection of heating and cooling systems was retained.</b>          | <b>08/19/2024</b>          | <b>08/16/2024</b>       |
|                                                                                                             | Status: <b>Corrected</b>   |                         |

|                          |                   |                     |                   |
|--------------------------|-------------------|---------------------|-------------------|
| <u>Gerilyne Phaisaly</u> | <u>08/12/2024</u> | <u>Sarah Boese</u>  | <u>08/12/2024</u> |
| Provider Signature       | Date              | Inspector Signature | Date              |