

# Facility Safety Inspection

## Fire & Life Safety / Environmental Health

### Before & After School Center - School Location

### Compliance Plan

Provider's Name: **The Academy of Boys and Girls Club**      City: **Yankton**

Provider Number: **019525290**

Inspector: **Stacy Wildermuth**      Date of Inspection: **10/03/2019**

Time of Inspection: **3:30 PM**

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

### C. FOOD SERVICE

42. Are dining tables sanitized before and after the next meal or snack with a solution of one ounce household bleach to two gallons of water or an approved sanitizer solution? 67:42:11:07 NOTE: Bleach solution strength is diluted as it sits, so new solution should be prepared daily.\ul

|   |  |                            |                         |                   |                   |
|---|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>During the inspection, clorox disinfecting wipes were used to sanitize the tables before and after meals. This is not an approved sanitizer.</b></p> <p><b>Dining tables must be sanitized before and after the next meal/snack with an approved sanitizer solution.</b></p> <p><b>Correction: The program will use an approved sanitizer solution to sanitize the dining tables before and after the next meal/snack.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <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>10/04/2019</b></td> <td style="text-align: center;"><b>10/04/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>10/04/2019</b> | <b>10/04/2019</b> |
| Suggested Completion Date:  | Actual Completion Date:  |                            |                         |                   |                   |
| <b>10/04/2019</b>   | <b>10/04/2019</b>  |                            |                         |                   |                   |

**Vanessa**  
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 Provider Signature

**10/03/2019**  
 \_\_\_\_\_  
 Date

**Stacy Wildermuth**  
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 Inspector Signature

**10/03/2019**  
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 Date