

Installation Management Command, G-9  
Child, Youth & School Services

**Comprehensive Fire/Facility/Safety CY 19  
Master Inspection Corrective Action Report (CAR) - FINAL**

**Installation Information**

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**Installation:** US Army Garrison Stuttgart

**Inspection Dates:** 10/07/2019 Thru 10/24/2019

**Inspection Team Chief:**

**Inspection Team Members:** Johann Wendler, Leonard J Fagan, Andreas E Boehmer

**DOI Enrollment Information:** CDC (0) SAC (0) FCC (0) Total Enrollment (0)

**DOI Waitlist (Immediate):** CDC (0) SAC (0) Total Waitlist (0)

**Inspection Summary Information**

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**Programs/Facilities Inspected:** 13  
**Life Threatening Violations (LTV):** 0  
**Commander Attention Item Findings (CAI):** 3  
**Repeat Findings (RPT):** 0  
**Mitigated Risk Findings (MRF):** 1  
**Total Findings:** 18

**Recent Inspections**

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	<b>Start:</b>	<b>End:</b>	<b>CAR Comp:</b>
<b>Multi Disciplinary Team Inspection:</b>	04/01/2019	04/17/2019	
<b>Comprehensive Fire/Facility/Safety:</b>	10/07/2019	10/24/2019	
<b>Comprehensive Health &amp; Sanitation:</b>	07/23/2018	08/10/2018	

*Exception requests with measures taken to ensure life, health, safety, and well-being of children due 11/14/2019 for Findings.  
Corrective Actions and supporting documentation to address Findings found in this report due by 12/23/2019.*

## Comprehensive Fire/Facility/Safety CY 19

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#### Inspection Statistics/Score Information

Program Name	LTV Findings	CAI Findings	Other Findings	Total Findings	Mit Risk	Fixed Other	Outstanding Findings	Total Components	Percent w/Finding	Current Score
<b>Overarching Programs:</b>										
US Army Garrison Stuttgart (CYSS)	0	0	0	0	0	0	0	3	0.00	100.00
<b>Overarching Program Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0.00</b>	<b>100.00</b>
<b>CDC Programs:</b>										
Kelley Child Development Center Bldg # 3352	0	0	3	3	0	3	0	135	2.22	96.88
Kelley Child Development Center Modular Bldg #	0	2	1	3	0	3	0	135	2.22	98.13
Panzer Child Development Center Bldg # 3169	0	0	2	2	0	2	0	135	1.48	98.75
Patch Child Development Center Bldg # 2347	0	0	2	2	0	2	0	135	1.48	97.50
<b>CDC Program Totals:</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>540</b>	<b>1.85</b>	<b>97.81</b>
<b>FCC Programs:</b>										
FCC Home # 1	0	0	0	0	0	0	0	0	0.00	0.00
FCC Overarching Program	0	0	0	0	0	0	0	3	0.00	100.00
<b>FCC Program Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0.00</b>	<b>100.00</b>
<b>SAC Programs:</b>										
Kelley School Age Care Bldg # 3369	0	0	1	1	0	1	0	111	0.90	99.22
Panzer School Age Care Bldg # 3163	0	0	3	3	0	3	0	111	2.70	94.53
Patch School Age Care Bldg # 2312	0	1	2	3	0	3	0	111	2.70	97.66
RB School Age Care / Youth Services(Mothership)	0	0	0	0	0	0	0	111	0.00	100.00
<b>SAC Program Totals:</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>444</b>	<b>1.58</b>	<b>97.85</b>
<b>YP Programs:</b>										
Panzer Youth Services Bldg # 3166	0	0	0	0	0	0	0	115	0.00	100.00
Patch Youth Services Bldg # 2337	0	0	0	0	0	0	0	115	0.00	100.00
RB School Age Care / Youth Services(Mothership)	0	0	1	1	1	0	0	115	0.87	99.24
<b>YP Program Totals:</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>345</b>	<b>0.29</b>	<b>99.75</b>
<b>Inspection Grand Totals:</b>	<b>0</b>	<b>3</b>	<b>15</b>	<b>18</b>	<b>1</b>	<b>17</b>	<b>0</b>	<b>1335</b>	<b>1.35</b>	<b>98.33</b>

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#### Finding Details (Standard Components)

#### CDC Program: Kelley Child Development Center

##### Section: Outdoor Hazards (Criteria B.3.f)

The program establishes policies and procedures to ensure that the outdoor facility environment is free from hazards.

CDC	B.3.f.1	Kelley Child Development Center Bldg # 3352	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/16/2019
<b>Area of Non-Compliance:</b> The outdoor play space is clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.					
<b>Finding:</b> The outdoor: play space was not clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.					
<b>Finding Details:</b> On day of the inspection, the Pre-K playground walkway had sand on it which presented a slipping hazard.					
<b>Corrective Action Statement:</b> Sand was swept off of the walkway to prevent a slipping hazard.					
<b>Corrective Action Description:</b> After the safety officer informed staff of the sand on the walkway, the sand was immediately swept from the area to prevent a slipping hazard for the children on the playground.					
<b>Corrective Action Oversight:</b> Facility manager has direct oversight to ensure staff immediately address the condition of the walkways and playground area to mitigate all hazards. Manager will conduct frequent weekly spot checks of the playground area and inform MVO of areas of concern/deficiencies to correct.					
<b>Corrective Action Evidence:</b>					
CDC	B.3.f.12	Kelley Child Development Center Bldg # 3352	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/28/2019
<b>Area of Non-Compliance:</b> There are no exposed concrete footings, rocks, and other tripping hazards.					
<b>Finding:</b> There were: other tripping hazards.					
<b>Finding Details:</b> Natural grass areas have depressions which present a tripping hazard.					
<b>Corrective Action Statement:</b> Holes/depressions in the grass were filled with dirt to prevent a tripping hazard.					
<b>Corrective Action Description:</b> Facility maintenance worker filled and packed holes with dirt to minimize the depressions in the grass areas and prevent any tripping hazards.					
<b>Corrective Action Oversight:</b> Facility Manager will conduct random weekly spot checks of the playground and inform the MVO of any deficiencies identified. MVO will annotate on the opening/closing checklist all identified areas which present tripping hazards.					
<b>Corrective Action Evidence:</b>					

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#### Finding Details (Standard Components)

#### Section: Ramps, Stairways, and Floors (Criteria B.3.v)

The ramps, stairways and floors meet safety requirements.

CDC	B.3.v.5	Kelley Child Development Center Bldg # 3352	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/24/2019
<b>Area of Non-Compliance:</b>		Floors are in good repair and have nonskid surfaces. Rugs are skid-proof.			
<b>Finding:</b>		Floors: were not in good repair.			
<b>Finding Details:</b>		Facility floors are not in good condition and require repair.			
<b>Corrective Action Statement:</b>		Work order is in place and floors are scheduled to be replaced during FY20.			
<b>Corrective Action Description:</b>		Work order to repair floors has been submitted and approved with an FY20 scheduled time-frame.			
<b>Corrective Action Oversight:</b>		Facility Manager has direct oversight to track all work orders and ensure repairs are completed within prescribed time-frame in the scope of work. Facility Director will communicate with DPW on an ongoing basis to determine timelines for work and courses of action so not to interfere with daily operations.			
<b>Corrective Action Evidence:</b>					

#### CDC Program: Kelley Child Development Center Modular

#### Section: Inspections and Oversight (Criteria B.2.a)

The installation meets the requirements of Public Law 104-106 governing the number and types of required inspections.

CDC	B.2.a.7	Kelley Child Development Center Modular Bldg # 3368	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/24/2019
<b>Area of Non-Compliance:</b>		Findings identified during the Higher HQ inspection remain corrected.			
<b>Finding:</b>		Not all of the findings from the previous year's AHHI remained corrected.			
<b>Finding Details:</b>		Sprinkler system is non-operational. Work order in process for repairs.			
<b>Corrective Action Statement:</b>		DPW Project #N1-00307-9P / Repair defective sprinkler system, Bldg. 3368 Kelley CDC II is in progress. Request for Extension/Equivalency is approved, IMCOM-190430-9TYL, suspense date of 1/26/2020.			
<b>Corrective Action Description:</b>		A Request for Extension/Equivalency was submitted by CYS Leadership to IMCOM Europe and IMCOM HQ G9, CYS for approval to have the project completed with a suspense date of 1/26/2020, IMCOM-190430-9TYL. Contract has been awarded for repairs to the defective sprinkler system. Suspense date of 1/26/2020 for the project.			
<b>Corrective Action Oversight:</b>		CYS Leadership has direct oversight to ensure completion suspense is met within the prescribed timeframe of 1/26/2020. CYS Leadership will communicate on an ongoing basis with DPW representatives of the project and keep Command Team informed of progress/delays that may affect operations.			
<b>Corrective Action Evidence:</b>		IMCOM Request for Extension/Equivalency Approval Extension Request Approval_Sprinkler System			

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### Finding Details (Standard Components)

CDC	B.2.a.8	Kelley Child Development Center Modular Bldg # 3368	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/24/2019
<b>Area of Non-Compliance:</b>	Findings identified during the MDTI remain corrected.				
<b>Finding:</b>	Not all of the findings from the Installation Multi-Disciplinary Team Inspection (MDTI) remained corrected.				
<b>Finding Details:</b>	Sprinkler system is non-operational. Work order in process for repairs.				
<b>Corrective Action Statement:</b>	DPW Project #N1-00307-9P / Repair defective sprinkler system, Bldg. 3368 Kelley CDC II is in progress. Request for Extension/Equivalency is approved, IMCOM-190430-9TYL, suspense date of 1/26/2020.				
<b>Corrective Action Description:</b>	A Request for Extension/Equivalency was submitted by CYS Leadership to IMCOM Europe and IMCOM HQ G9, CYS for approval to have the project completed with a suspense date of 1/26/2020, IMCOM-190430-9TYL. Contract has been awarded for repairs to the defective sprinkler system. Suspense date of 1/26/2020 for the project.				
<b>Corrective Action Oversight:</b>	CYS Leadership has direct oversight to ensure completion suspense is met within the prescribed timeframe of 1/26/2020. CYS Leadership will communicate on an ongoing basis with DPW representatives of the project and keep Command Team informed of progress/delays that may affect operations.				
<b>Corrective Action Evidence:</b>	Extension Request Approval_Sprinkler System				

#### Section: Fire and Safety (Criteria B.3.m)

The facility meets requirements for fire protection.

CDC	B.3.m.7	Kelley Child Development Center Modular Bldg # 3368	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/24/2019
<b>Area of Non-Compliance:</b>	The automatic sprinkler system, fire detection and alarm system, MNS local operating console (LOC), HVAC system emergency shutdown, exit signs, egress and emergency lighting, fire doors, kitchen fire extinguisher, and similiar equipment required to comply with Life Safety Code are in proper operating condition.				
<b>Finding:</b>	The following system was not in proper operating condition: automatic sprinkler system.				
<b>Finding Details:</b>	Sprinkler system is non-operational. Work order in process for repairs.				
<b>Corrective Action Statement:</b>	DPW Project #N1-00307-9P / Repair defective sprinkler system, Bldg. 3368 Kelley CDC II is in progress. Request for Extension/Equivalency is approved, IMCOM-190430-9TYL, suspense date of 1/26/2020.				
<b>Corrective Action Description:</b>	A Request for Extension/Equivalency was submitted by CYS Leadership to IMCOM Europe and IMCOM HQ G9, CYS for approval to have the project completed with a suspense date of 1/26/2020, IMCOM-190430-9TYL. Contract has been awarded for repairs to the defective sprinkler system. Suspense date of 1/26/2020 for the project.				
<b>Corrective Action Oversight:</b>	CYS Leadership has direct oversight to ensure completion suspense is met within the prescribed timeframe of 1/26/2020. CYS Leadership will communicate on an ongoing basis with DPW representatives of the project and keep Command Team informed of progress/delays that may affect operations.				
<b>Corrective Action Evidence:</b>	Extension Request Approval_Sprinkler System				

## Comprehensive Fire/Facility/Safety CY 19

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#### Finding Details (Standard Components)

#### CDC Program: Panzer Child Development Center

##### Section: Fire and Safety (Criteria B.3.I)

The program facility meets requirements for safe evacuation.

CDC	B.3.I.2	Panzer Child Development Center Bldg # 3169	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 12/05/2019
	<b>Area of Non-Compliance:</b>	Every required means of egress is continuously maintained free of all obstructions or impediments for full instant use in the case of fire or emergency.			
	<b>Finding:</b>	Means of egress was impeded by: doors that did not open easily to their maximum design position.			
	<b>Finding Details:</b>	Main entrance facility door is broken with one side of the door boarded up and closed. Work order has been submitted.			
	<b>Corrective Action Statement:</b>	Replace broken front entrance doors.			
	<b>Corrective Action Description:</b>	Facility Director submitted a 4283 work order to have the front door replaced due to the door becoming non-operational for entry. Project was elevated because of the safety risk hazards and a new door was ordered and installed.			
	<b>Corrective Action Oversight:</b>	Facility Director has overall responsibility to ensure all deficiencies identified are corrected. Facility Director will conduct monthly random checks of opening/closing checklists to make sure maintenance workers have identified and submitted service/work orders and all equipment is well maintained.			
	<b>Corrective Action Evidence:</b>	Panzer CDC Front Doors			

##### Section: Fire and Safety (Criteria B.3.p)

The hardware in the program did not meets fire standards.

CDC	B.3.p.2	Panzer Child Development Center Bldg # 3169	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 11/29/2019
	<b>Area of Non-Compliance:</b>	EMERGING: An automatic hold open device integral to the door is installed on each door leading directly to the outside from all child activity rooms.			
	<b>Finding:</b>	An automatic hold open device integral to the door was not installed on each door leading directly to the outside from all child activity rooms.			
	<b>Finding Details:</b>	Automatic hold open devices are not installed on the classroom doors leading to the outside. Army Specific: Since this is an emerging criteria, please note when doors do not meet standard, but do not mitigate until instructed by G9.			
	<b>Corrective Action Statement:</b>	Install hold open devices on classroom doors leading to the playground.			
	<b>Corrective Action Description:</b>	Since this is an Emerging Criteria, a work order was submitted to receive a price quote to outfit all the doors, leading from the classrooms out onto the playground, with the hold open mechanisms.			
	<b>Corrective Action Oversight:</b>	Facility Director has oversight responsibility to ensure doors are equipped with the proper mechanisms. Facility Director has detailed the maintenance worker to ensure all the doors are compliant with the requirement and to coordinate with DPW the completion of the work.			
	<b>Corrective Action Evidence:</b>				

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#### Finding Details (Standard Components)

#### CDC Program: Patch Child Development Center

##### Section: Outdoor Hazards (Criteria B.3.f)

The program establishes policies and procedures to ensure that the outdoor facility environment is free from hazards.

<b>CDC</b>	<b>B.3.f.1</b>	<b>Patch Child Development Center Bldg # 2347</b>	<b>Jeffrey L. Carpenter</b>	<b>Met: Garrison Action Approved</b>	<b>Corrected: 10/16/2019</b>
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**Area of Non-Compliance:** The outdoor play space is clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.

**Finding:** The outdoor: play space was not clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.

**Finding Details:** Observed sand on the playground walkway which presented a slipping hazard.

**Corrective Action Statement:** Sand was removed from the playground walkway on the day of the finding.

**Corrective Action Description:** Staff members swept the walkway to ensure the sand was removed to prevent a slipping hazard.

**Corrective Action Oversight:** Facility Director has direct oversight to ensure staff have completed facility/playground opening and closing checklist. Director will conduct random spot checks weekly to ensure checklists are completed.

**Corrective Action Evidence:**

<b>CDC</b>	<b>B.3.f.12</b>	<b>Patch Child Development Center Bldg # 2347</b>	<b>Jeffrey L. Carpenter</b>	<b>Met: Garrison Action Approved</b>	<b>Corrected: 10/16/2019</b>
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**Area of Non-Compliance:** There are no exposed concrete footings, rocks, and other tripping hazards.

**Finding:** There were: other tripping hazards.

**Finding Details:** Exposed stones on the playground present a tripping hazard.

**Corrective Action Statement:** Exposed stones were secured so not to present a tripping hazard.

**Corrective Action Description:** Maintenance worker conducted a thorough inspection of the playground to address any deficiencies identified during the inspection.

**Corrective Action Oversight:** Facility Director has direct oversight to ensure playground open/closing checklists have been conducted on a daily basis and all areas of concern or deficiencies are addressed and corrected. Facility Director will conduct random weekly checks to ensure playground provides a safe environment for the children to play.

**Corrective Action Evidence:**

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#### Finding Details (Standard Components)

#### SAC Program: Kelley School Age Care

##### Section: Safe Furnishings (Criteria B.3.u)

The furnishings in the facility/home meet safety requirements.

SAC	B.3.u.1	Kelley School Age Care Bldg # 3369	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 11/14/2019
<b>Area of Non-Compliance:</b>		Large freestanding furniture units are anchored to prevent them from falling on children/youth.			
<b>Finding:</b>		There were large freestanding furnishings in the facility/home which were not anchored to the wall.			
<b>Finding Details:</b>		Several cabinets were not secured to the wall to prevent a tipping hazard.			
<b>Corrective Action Statement:</b>		Cabinets were secured/anchored to the wall to prevent a tipping hazard.			
<b>Corrective Action Description:</b>		A service order was submitted on 10/24/19 to have the cabinets secured/anchored to the walls. Vectrus Technicians secured the cabinets to the walls to prevent any tipping hazards.			
<b>Corrective Action Oversight:</b>		Facility manager will have direct oversight to ensure all deficiencies are corrected and the program is in compliance with safety guidelines. Manager will conduct monthly spot checks of the opening/closing checklists to ensure all deficiencies have been identified and corrected and/or a service order/work order has been submitted.			
<b>Corrective Action Evidence:</b>					

#### SAC Program: Panzer School Age Care

##### Section: Outdoor Hazards (Criteria B.3.f)

The program establishes policies and procedures to ensure that the outdoor facility environment is free from hazards.

SAC	B.3.f.1	Panzer School Age Care Bldg # 3163	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/28/2019
<b>Area of Non-Compliance:</b>		The outdoor play space is clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.			
<b>Finding:</b>		The outdoor: play space was not clean, safe and free from: holes, stones, broken glass, nail studded boards, tools, animal waste, broken equipment, and trash.			
<b>Finding Details:</b>		Playground surface was observed with moss in some areas which presented a slipping hazard.			
<b>Corrective Action Statement:</b>		Panzer CDC maintenance worker removed the moss from the playground surface on 24 Oct 2019.			
<b>Corrective Action Description:</b>		Panzer SAC Management coordinated with the Panzer CDC Maintenance worker to clean/remove the moss from the playground surface. The maintenance worker cleaned the surface removing the moss from the playground which was identified as an inspection finding. Panzer SAC Management conducted a program staff call on 28 Oct 2019 to ensure all staff understand the requirements for ensuring the playground surface is cleaned and free of moss.			
<b>Corrective Action Oversight:</b>		Program Director has overall responsibility to ensure all deficiencies are identified and addressed. Program Director along with Assistant Director will conduct random monthly checks to ensure playground surface is compliant and that all deficiencies have been identified and corrected.			
<b>Corrective Action Evidence:</b>		Panzer SAC Playground Surface			



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### Finding Details (Standard Components)

SAC	B.3.f.5	Panzer School Age Care Bldg # 3163	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 10/28/2019
<b>Area of Non-Compliance:</b>	Findings identified during annual playground inspection are corrected.				
<b>Finding:</b>	All findings identified during the annual playground inspection were not corrected.				
<b>Finding Details:</b>	Not all findings identified during the annual playground inspection were corrected, ie. holes, stones, tripping and slipping hazards.				
<b>Corrective Action Statement:</b>	Panzer CDC maintenance worker removed the moss from the playground surface on 24 Oct 2019.				
<b>Corrective Action Description:</b>	Panzer SAC Management coordinated with the Panzer CDC Maintenance worker to clean/remove the moss from the playground surface. The maintenance worker cleaned the surface removing the moss from the playground which was identified as an inspection finding. Panzer SAC Management conducted a program staff call on 28 Oct 2019 to ensure all staff understand the requirements for ensuring the playground surface is cleaned and free of moss.				
<b>Corrective Action Oversight:</b>	Program Director has overall responsibility to ensure all deficiencies are identified and addressed. Program Director along with Assistant Director will conduct random monthly checks to ensure playground surface is compliant and that all deficiencies have been identified and corrected.				
<b>Corrective Action Evidence:</b>	Panzer SAC Playground Surface				

#### Section: Fire and Safety (Criteria B.3.m)

The facility meets requirements for fire protection.

SAC	B.3.m.6	Panzer School Age Care Bldg # 3163	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 11/08/2019
<b>Area of Non-Compliance:</b>	The automatic fire alarm system connection to the fire station (or constantly attended location) is operational.				
<b>Finding:</b>	The automatic fire alarm system connection to the fire station was not operational.				
<b>Finding Details:</b>	The automatic fire alarm system connection to the fire station is not IAW UFC/NFPA. Transmission is only via the back-up system Telenot and not by the network.				
<b>Corrective Action Statement:</b>	New fire alarm system installation was completed and tested for functionality to ensure accurate transmission.				
<b>Corrective Action Description:</b>	Service Order #: 100008683661 was submitted on 10/23/2019 to ensure completion of the fire alarm install and transmission of the system. Testing was conducted on 8 November 2019 with a successful transmission. Facility Fire Drill was conducted by the Fire Department on 14 November which also resulted in a successful transmission.				
<b>Corrective Action Oversight:</b>	Facility Manager has overall direct responsibility to ensure fire alarm system is operational when deficiencies are identified. Facility Director and Assistant Director will ensure continuous follow-up and communication with service help desk, Fire, and Safety components until all issues are resolved. Coordination will occur on a monthly basis during Fire Drills.				
<b>Corrective Action Evidence:</b>	Panzer SAC 14 Nov 2019 Fire Drill Report				

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#### Finding Details (Standard Components)

#### SAC Program: Patch School Age Care

##### Section: Fire and Safety (Criteria B.3.a)

The program establishes policies and procedures to ensure fire safety and emergency management as identified in the AHFI.

SAC	B.3.a.5	Patch School Age Care Bldg # 2312	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 11/12/2019
<b>Area of Non-Compliance:</b>		Deficiencies noted during monthly fire inspection and drill are corrected.			
<b>Finding:</b>		Deficiencies identified during monthly fire drills: were not corrected.			
<b>Finding Details:</b>		All deficiencies were not corrected. Doors leading to the outside from the classrooms are still hard to open and have not been corrected.			
<b>Corrective Action Statement:</b>		SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed.			
<b>Corrective Action Description:</b>		SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed. The building is still under warranty and requires the contractor to adjust the doors and any deficiencies pertaining to the building.			
<b>Corrective Action Oversight:</b>		Facility Managers and staff will ensure that all doors leading outside are in compliance and in working order. Doors will be checked during the morning opening checklist and any deficiencies identified will be submitted via Service Order/DMO.			
<b>Corrective Action Evidence:</b>					

##### Section: Fire and Safety (Criteria B.3.k)

The fire evacuation procedures are in accordance with NFPA standards.

SAC	B.3.k.9	Patch School Age Care Bldg # 2312	Jeffrey L. Carpenter	Met: Garrison Action Approved	Corrected: 11/12/2019
<b>Area of Non-Compliance:</b>		All interior doors with an automatic release device close upon activation of the facility fire alarm.			
<b>Finding:</b>		Doors with an automatic release device did not release and close upon activation of the facility fire alarm.			
<b>Finding Details:</b>		Doors with the automatic release devices are non-operational in the interior of the facility, ie. hallway passage doors.			
<b>Corrective Action Statement:</b>		SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed.			
<b>Corrective Action Description:</b>		SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed. Facility is still under warranty and contractor is responsible to correct any deficiencies identified pertaining to the building.			
<b>Corrective Action Oversight:</b>		Facility Managers and staff will ensure that all doors leading outside are in compliance and in working order. Doors will be checked during the morning opening checklist and any deficiencies identified will be submitted via Service Order/DMO.			
<b>Corrective Action Evidence:</b>					

# Comprehensive Fire/Facility/Safety CY 19

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### Finding Details (Standard Components)

**Section: Fire and Safety (Criteria B.3.p)**

The hardware in the program meets fire standards.

<b>SAC</b>	<b>B.3.p.1</b>	<b>Patch School Age Care Bldg # 2312</b>	<b>Jeffrey L. Carpenter</b>	<b>Met: Garrison Action Approved</b>	<b>Corrected: 11/12/2019</b>
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**Area of Non-Compliance:** The fire doors on the facility meet all fire hardware requirements.

**Finding:** The hardware on the doors: cannot be opened from the inside by the children.

**Finding Details:** Evacuation doors leading to the outside from the classrooms room cannot be opened easily.

**Corrective Action Statement:** SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed.

**Corrective Action Description:** SO # 100008745138 was called in on 12 NOV 2019 to have the issue addressed. The facility is still under warranty and the contractor is responsible to adjust the doors and any deficiencies identified pertaining to the building.

**Corrective Action Oversight:** Facility Managers and staff will ensure that all doors leading outside are in compliance and in working order. Doors will be checked during the morning opening checklist and any deficiencies identified will be submitted via Service Order/DMO.

**Corrective Action Evidence:**

**YP Program: RB School Age Care / Youth Services**

**Section: Indoor Hazards (Criteria B.3.e)**

The program establishes policies and procedures to ensure that the indoor facility environment is free from hazards.

<b>YP</b>	<b>B.3.e.7</b>	<b>RB School Age Care / Youth Services Bldg # 151</b>	<b>Jeffrey L. Carpenter</b>	<b>Met: Garrison Action Approved</b>	<b>Corrected: 10/30/2019</b>
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**Area of Non-Compliance:** Electrical cords are inaccessible to children/youth, not frayed/damaged, not placed near doorways or traffic paths.

**Finding:** Electrical cords were: placed near doorways and traffic paths.

**Finding Details:** Electrical cords observed taped to the floor under the carpet area. Finding was corrected on the spot.

**Mitigated Risk:** Electrical cord was immediately removed from underneath the carpet.

**Corrective Action Statement:** Electrical cord cover was purchased on 10/17/2019, delivered and replaced on 10/30/2019.

**Corrective Action Description:** Electrical cord cover was purchased on 10/17/2019, delivered and replaced on 10/30/2019 to cover electrical cords running across the floor. Supporting documentation included.

**Corrective Action Oversight:** Facility Manager and Assistant Facility Manager are responsible to ensure compliance, service, and replacement of any inoperable equipment. Any deficiencies will be annotated on the daily facility open/closing checklist. Facility Director has overall responsibility to ensure program is in compliance.

**Corrective Action Evidence:** Electrical Cord Cover|Receipt for Cord Cover