

Family Day Care New Location Monitoring Checklist Compliance Plan

Provider's Name: **Rachel Fredericksen**

City: **Harrisburg**

Provider Number: **018042801**

Inspector: **Rita Trager**

Date of Inspection: **06/24/2019**

Time of Inspection: **7:46 AM**

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

C. Health and Safety Features of the Home - Indoor Environment

26. Is there a fully charged, portable fire extinguisher, with a minimum 2A rating, kept near the food prep area? 67:42:03:11.02

<p>Corrections To Be Made:</p> <p>Need a fully charged 2A fire extinguisher. *Documentation of extinguisher purchase received on 07/03/2019</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">07/01/2019</td> <td style="text-align: center;">07/03/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/01/2019	07/03/2019
Suggested Completion Date:	Actual Completion Date:				
07/01/2019	07/03/2019				

Rachel Fredericksen

 Provider Signature

06/24/2019

 Date

Rita Trager

 Inspector Signature

06/24/2019

 Date