

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

Provider's Name: **Holy Cross  
Preschool/Extended Care**

City: **Sioux Falls**

Provider Number: **018042555**

Inspector: **Dwight Johnson**

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

Time of Inspection: **4:00 PM**

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

18. Are portable fire extinguishers charged and operable? 61:15:05:10 NOTE: Minimum 2A rated on each level. No more than 75 feet travel distance to an extinguisher. One near food preparation.

<p>Corrections To Be Made:</p> <p><b>The Fire extinguishers have not been inspected since 2014.</b></p> <p><b>Portable fire extinguishers must be charged and operational.</b></p> <p><b>Correction: Documentation of current fire extinguisher inspections was provided to CCS.</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>07/01/2019</b></td> <td style="text-align: center;"><b>06/27/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>07/01/2019</b>	<b>06/27/2019</b>
Suggested Completion Date:	Actual Completion Date:				
<b>07/01/2019</b>	<b>06/27/2019</b>				

## B. ENVIRONMENTAL HEALTH

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

Corrections To Be Made:

**Verification of the heating/cooling system inspection was not available during the inspection.**

**The heating/cooling systems must be inspected annually.**

**Correction: Documentation of the annual heating and cooling system was submitted to CCS.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**07/24/2019**

**06/26/2019**

Status: **Corrected**

**Tricia Murphy**

Provider Signature

**06/24/2019**

Date

**Dwight Johnson**

Inspector Signature

**06/24/2019**

Date