

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

Provider's Name: **Kids Crossing Children's Center**

City: **Beresford**

Provider Number: **018042787**

Inspector: **Kelly Gnat**

Date of Inspection: **10/26/2020**

Time of Inspection: **12:00 PM**

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

## B. ENVIRONMENTAL HEALTH

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

|  |  |                            |                         |                   |                   |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>The documentation for the current heating and cooling inspection is needed.</b></p> <p><b>***The documentation for the heating and cooling system inspection was received by the Office of Licensing and Accreditation.</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>11/07/2020</b></td> <td style="text-align: center;"><b>11/11/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>11/07/2020</b> | <b>11/11/2020</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>11/07/2020</b>  | <b>11/11/2020</b>  |                            |                         |                   |                   |

**Christina Quartier**

Provider Signature

**10/26/2020**

Date

**Kelly Gnat**

Inspector Signature

**10/26/2020**

Date