

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **YMCA KARE Program**

City: **Hartford**

Provider Number: **018042990**

Inspector: **Todd Lowe**

Date of Inspection: **06/04/2024**

Time of Inspection: **3:25 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

23. Is there a carbon monoxide detector installed according to the manufacturer's directions if there is a furnace or appliances utilizing fossil fuels such as propane, natural, gas, etc.? 61:15:01:01

<p>Corrections To Be Made:</p> <p><b>There is not a carbon monoxide detector installed.</b></p> <p><b>There must be a carbon monoxide detector installed according to the manufacturer's directions.</b></p> <p><b>The program installed a carbon monoxide detector.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>06/14/2024</b></td> <td style="border: none;"><b>07/17/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>06/14/2024</b>	<b>07/17/2024</b>
Suggested Completion Date:	Actual Completion Date:				
<b>06/14/2024</b>	<b>07/17/2024</b>				

**Cierra Morris**

**06/04/2024**

Provider Signature

Date

**Todd Lowe**

**06/04/2024**

Inspector Signature

Date